

Name  
in  
Full

Mary Adams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Worcester Co</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>Feb</u> <sup>Month</sup>	<u>7</u> <sup>Day</sup>	Age <u>26</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Henlock Md</u>		
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Henlock</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm Adams</u>				
Father's Name <u>James R Smith</u>	Father's Birthplace <u>Henlocks ma</u>				
Mother's Maiden Name <u>Willie Robinson</u>	Mother's Birthplace <u>Henlocks md</u>				
Name of person giving information <u>Wm Adams</u>		How related to deceased <u>Husband</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>34 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Don't know</u>	Signature of Physician <u>John Mace</u>
	Address <u>Cambridge Md</u>
Accident or Suicide?	



Name  
in  
Full

Isaac B. Ansley

## CERTIFICATE OF DEATH

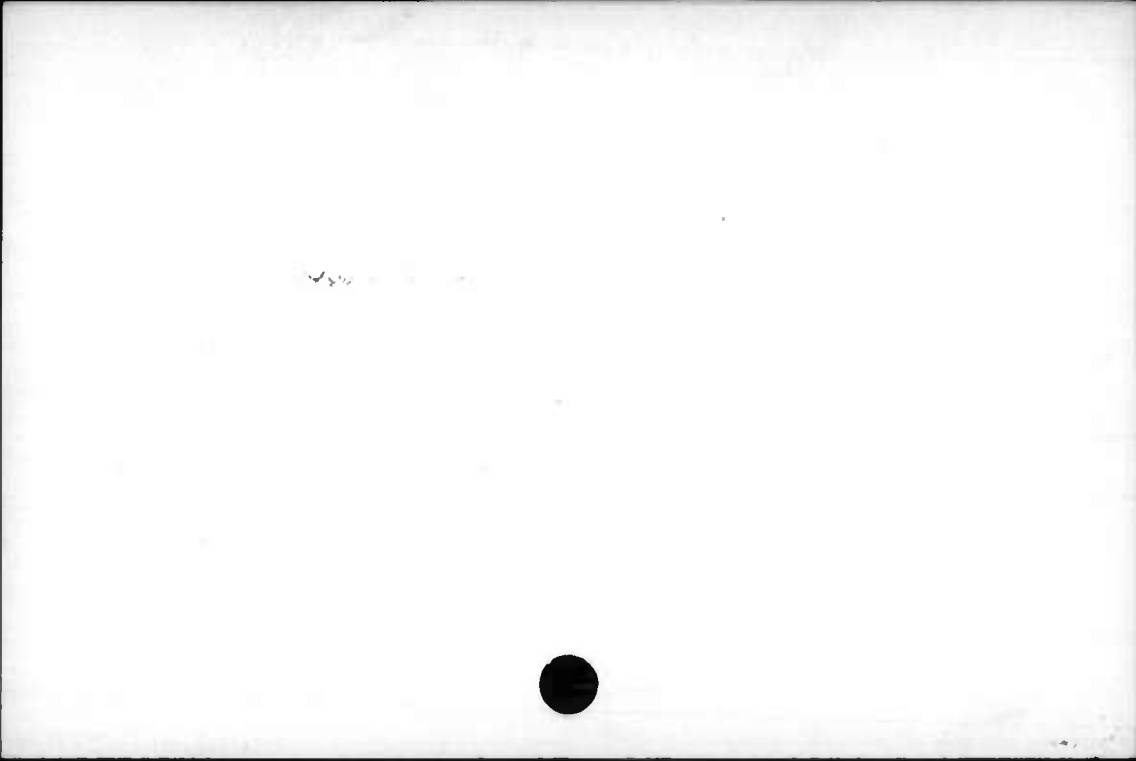
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Antioch</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1907	Month <i>Feb.</i>	Day <i>13</i>	Age <i>64</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>New York</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>near Antioch</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Agnes M. Ansley</i>				
Father's Name <i>George H. Ansley</i>	Father's Birthplace <i>New York</i>				
Mother's Maiden Name <i>Sarah Emery</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Floyd E. Ansley</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of bowels</i>	How long <i>6 months</i>
Immediate <i>Aschemia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Martin W. Lidsborough</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rhoda Betovina Brounble</i>		Town <i>Baltimore</i>		County <i>Prince Georges</i>		MARYLAND	
Died at <i>Baltimore</i>		Month <i>Feb</i>		Day <i>26</i>		Years <i>34</i>	
Date of death <i>1907</i>		Months <i>2</i>		Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name <i>Levi T. Brounble</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Matilda Mills</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Lucinda Brounble</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>14 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Jones</i>
	Address <i>Bethesda, Md</i>
Accident or Suicide?	



Time  
in  
Full

Isaac Boston

CERTIFICATE OF

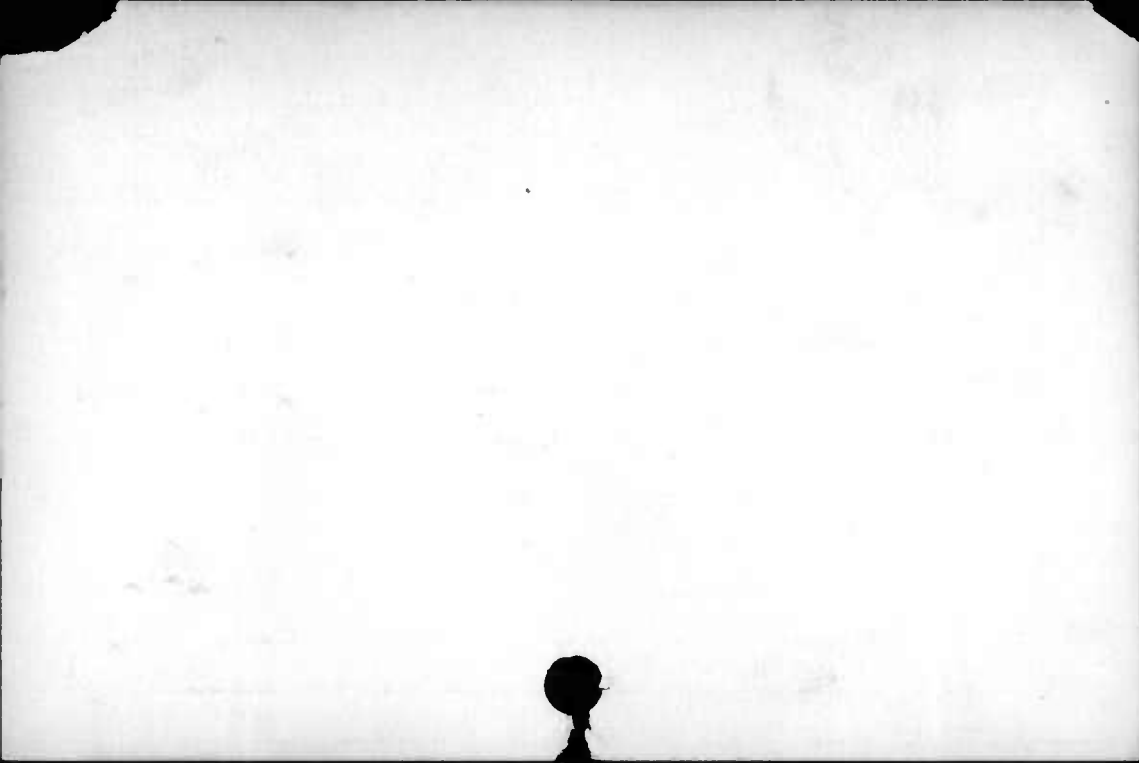
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>White Marsh</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>16</i>	Age <i>28</i>	Months <i>Don't know</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Cape Charles Va.</i>		
Occupation <i>Sailor</i>		Where Residing if not at place of death <i>White Marsh</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Mary E. Boston</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Moses Ganser</i>		How related to deceased <i>No relation</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pleur's Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Blocking up of bronchial tubes</i>	How long <i>about 12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor E. Lawrence, M.D.</i>
	Address <i>Cambridge, Mass</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Goldsborough Harris Bradley*

Died at *Cambridge* <sup>Town</sup> *Dorchester* <sup>County</sup> *MARYLAND*

Date of death *1907* <sup>Month</sup> *Feb* <sup>Day</sup> *3d* <sup>Years</sup> *5* <sup>Months</sup> *3* <sup>Days</sup>

Sex *Male* Color or Race *American* Birth-place *Cambridge*

Occupation *Infant* Where Residing if not at place of death *—*

☒ Married, Single or Widowed ☐ Name of Wife or Husband *—*

Father's Name *John N. Bradley* Father's Birth-place *Dorch*

Mother's Maiden Name *Ida G. Schumacher* Mother's Birth-place *" "*

Name of person giving information *John N. Bradley* *(61)* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Acute Spinal Meningitis* How long *4 days*

Immediate *Asthenia* How long *1 day*

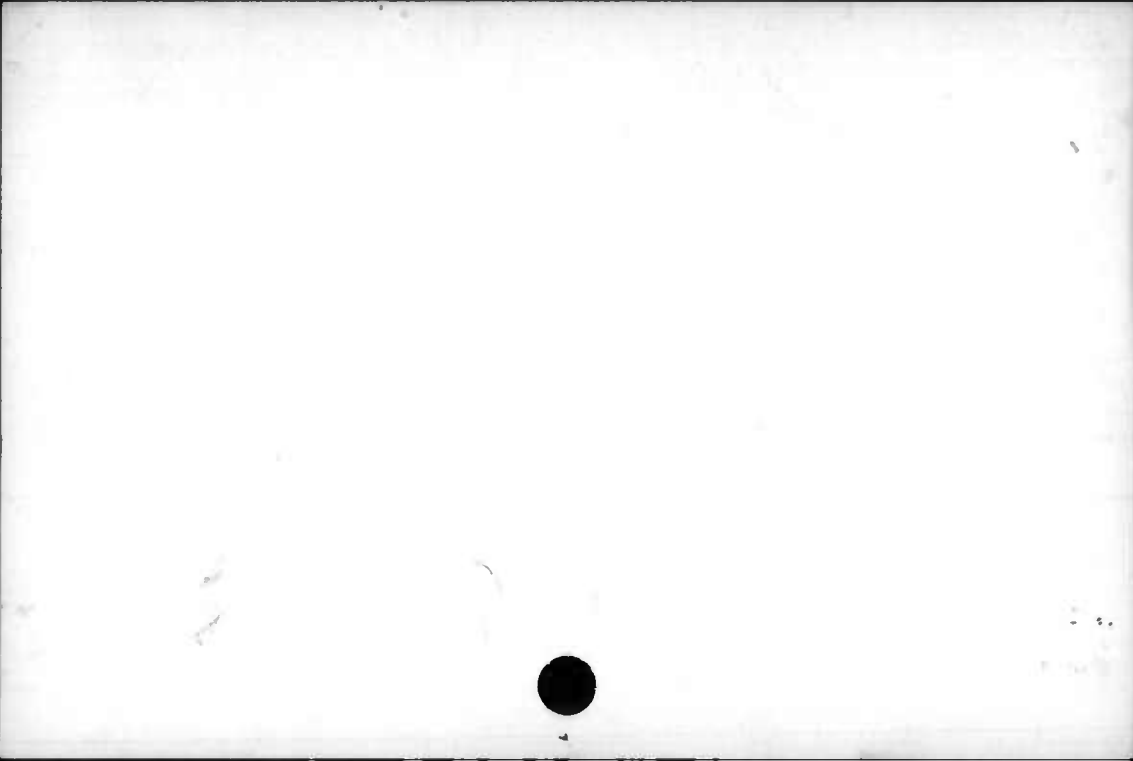
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Martin W. Goldsborough*  
*Cambridge Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Puttyville</i>		Town <i>Puttyville</i>		County		MARYLAND	
Date of death <i>1907 Feb 17</i>		Month <i>Feb</i>		Day <i>17</i>		Age <i>51</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>10</i> Days <i>16</i>	
Occupation <i>Cyclist</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rhoda Octavia Bramble</i>					
Father's Name <i>Clement Bramble</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary E. Murphy</i>		How related to deceased <i>Sister</i>					
Name of person giving information <i>Lucinda Bramble</i>							

## CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Jones</i>
	Address <i>Chesapeake, Ind</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Francis Camper

CERTIFICATE OF DEATH

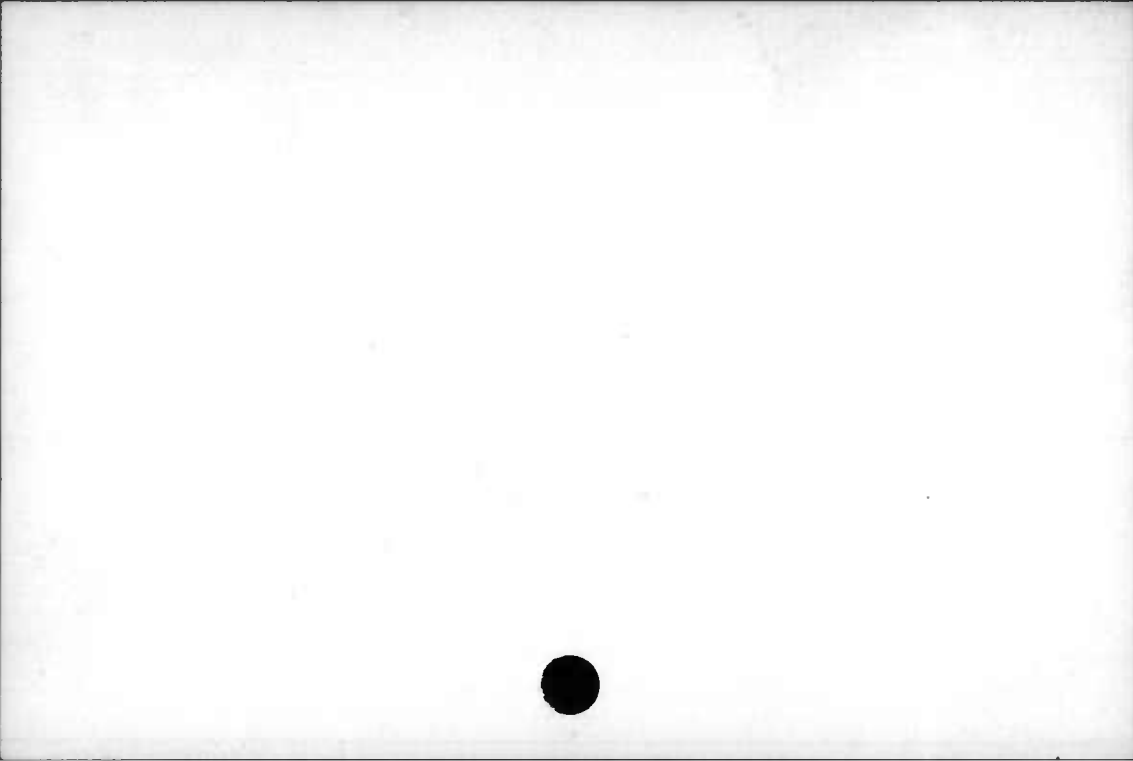
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Borchester</u> <sup>County</sup> <u>Co</u>		<u>Ma</u> <sup>State</sup> <u>MARYLAND</u>	
Date of death <u>190</u>	<u>7</u> <sup>Month</sup> <u>Feb</u>	<u>13</u> <sup>Day</sup>	<u>about</u> <sup>Years</sup>	<u>75</u> <sup>Age</sup>	<u>Months</u> <u>Days</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Sumner Co</u>			
Occupation <u>House Woman</u>	Where Residing if not at place of death <u>Cambridge Ma</u>				
Married, Single or Widowed		<u>Name of Wife or Husband</u> <u>not known</u>			
Father's Name <u>Mr Camper</u>			Father's Birthplace <u>Borchester</u>		
Mother's Maiden Name <u>Annie Hackitt</u>			Mother's Birthplace <u>Borchester</u>		
Name of person giving information <u>Edward Camper</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paralysis</u>	How long <u>about 6 months</u>
Immediate <u>don't know</u>	How long <u>don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>I think so</u>	Signature of Physician <u>John Mace</u>
Address <u>Camden, Md</u>	
Accident or Suicide? <u>murder</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

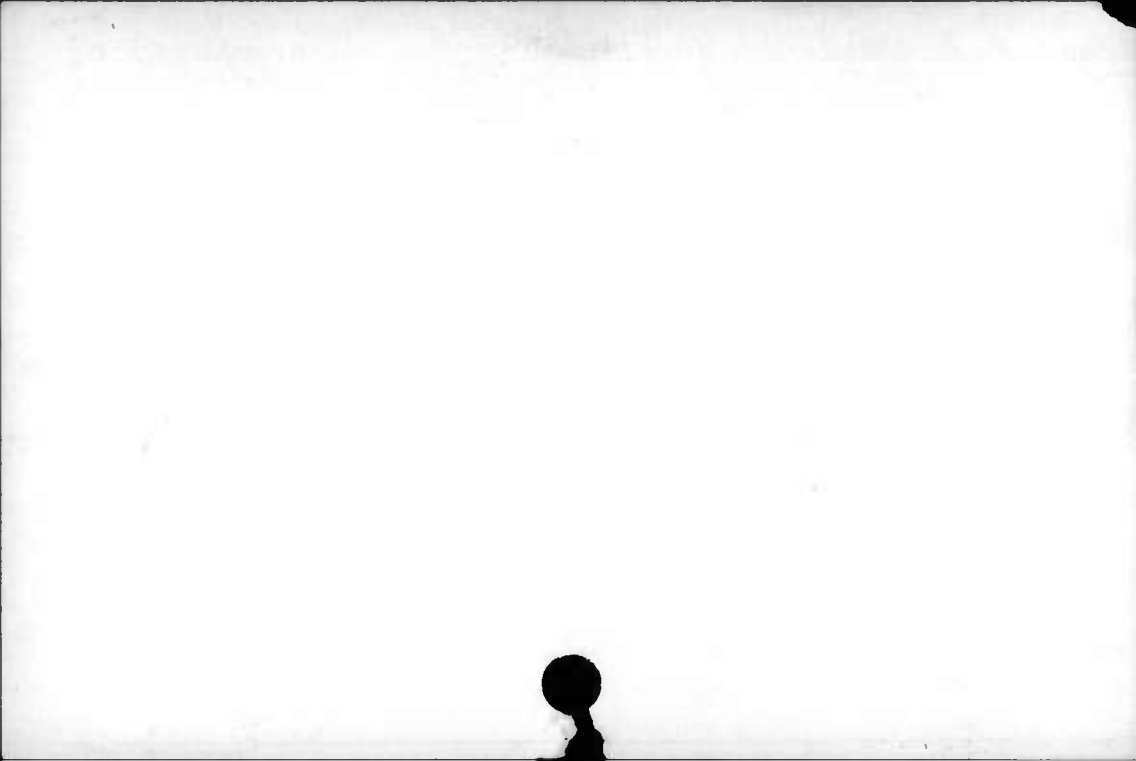
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>White Marsh</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>16</i>	Years <i>5-5-</i>	Months <i>1</i> Days <i>16</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Bucktown Md</i>		
Occupation <i>Farm work</i>	Where Residing if not at place of death <i>White Marsh</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Annitta Camper</i>				
Father's Name <i>Oruk Knott</i>	Father's Birthplace <i>Bucktown Md</i>				
Mother's Maiden Name <i>Sarah Sedgwick</i>	Mother's Birthplace <i>Bucktown Md</i>				
Name of person giving information <i>Moses Camper</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pleur Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Walter Lawrence, M.D.</i>
	Address
Accident or Suicide?	





Name  
in  
Full

Mary E. Carr

## CERTIFICATE OF DEATH

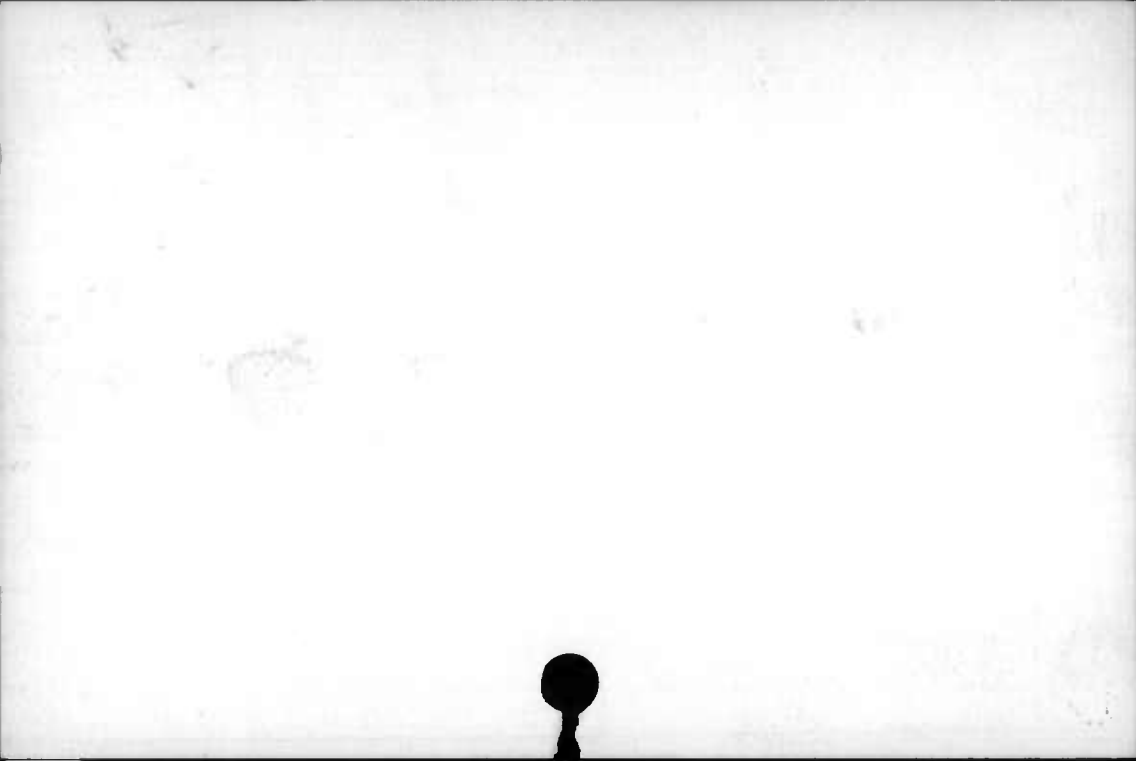
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Taylor's Island</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>Feb</u>	Day <u>9</u>	Age <u>35</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>African</u>		Birth-place <u>MD.</u>		
Occupation <u>Housework</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>John J. Maguire</u>			How related to deceased <u>Friend</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>18 mos.</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. K. Shriver Jr.</u>
	Address <u>Taylor's Island</u>
Accident or Suicide? <u>—</u>	<u>Dor. Co. Md.</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

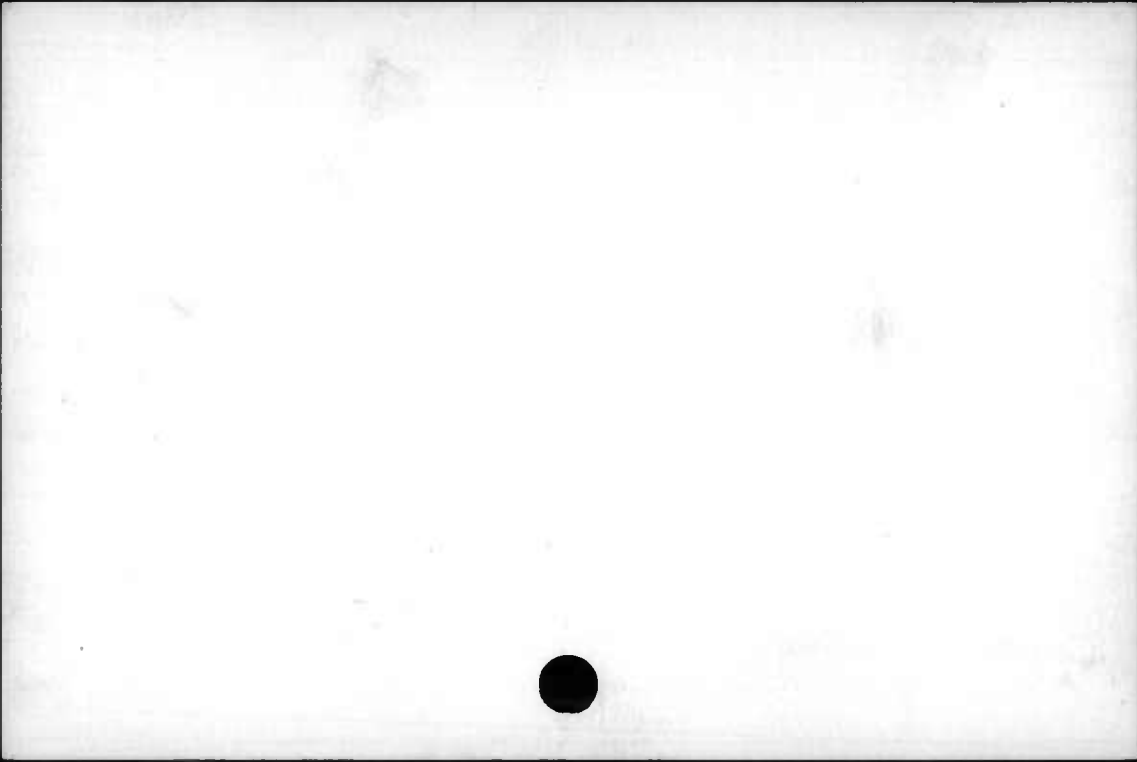
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1901</u>	<u>July</u> <sup>Month</sup>	<u>10th</u> <sup>Day</sup>	Age <u>#</u> <sup>Years</sup>	<u>9</u> <sup>Months</sup>	<u>#</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Cambridge Ind</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Joseph Chase</u>	Father's Birthplace <u>Dorchester Co</u>		Mother's Birthplace <u>Baltimore City</u>		
Mother's Maiden Name <u>Mary Davis</u>	Name of person giving information <u>Joseph Chase</u>		How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Hysteria (on part of mother)</u>	How long <u>12 hrs</u>
Immediate <u>Asithemia</u>	How long <u>5 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dexter P. Reynolds M.D.</u>
	Address <u>Cambridge Ind.</u>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Lloyds</b> <small>Town</small>		<b>Worcester</b> <small>County</small>		MARYLAND	
Date of death <b>1907</b>	<b>Feb</b> <small>Month</small>	<b>18</b> <small>Day</small>	Age <b>-</b> <small>Years</small>	<b>8</b> <small>Months</small>	<b>-</b> <small>Days</small>
Sex <b>Male</b>	Color or Race <b>Negro</b>		Birth-place <b>Lloyds Md</b>		
Occupation <b>none</b>	Where Residing if not at place of death				
Married, Single or Widowed <b>single</b>	Name of Wife or Husband <b>none</b>				
Father's Name <b>James W Carnish</b>	Father's Birthplace <b>War. Co. Md</b>		Mother's Birthplace <b>War. Co. Md</b>		
Mother's Maiden Name <b>Cornelia W Heatley</b>	Name of person giving information <b>J. W. Carnish</b>		How related to deceased <b>Father</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Peritussis</b>	How long <b>2 weeks</b>
Immediate <b>Broncho-pneumonia</b>	How long <b>4 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>S A Stokes</b>
	Address <b>175 # 5 - Cambridge Md</b>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

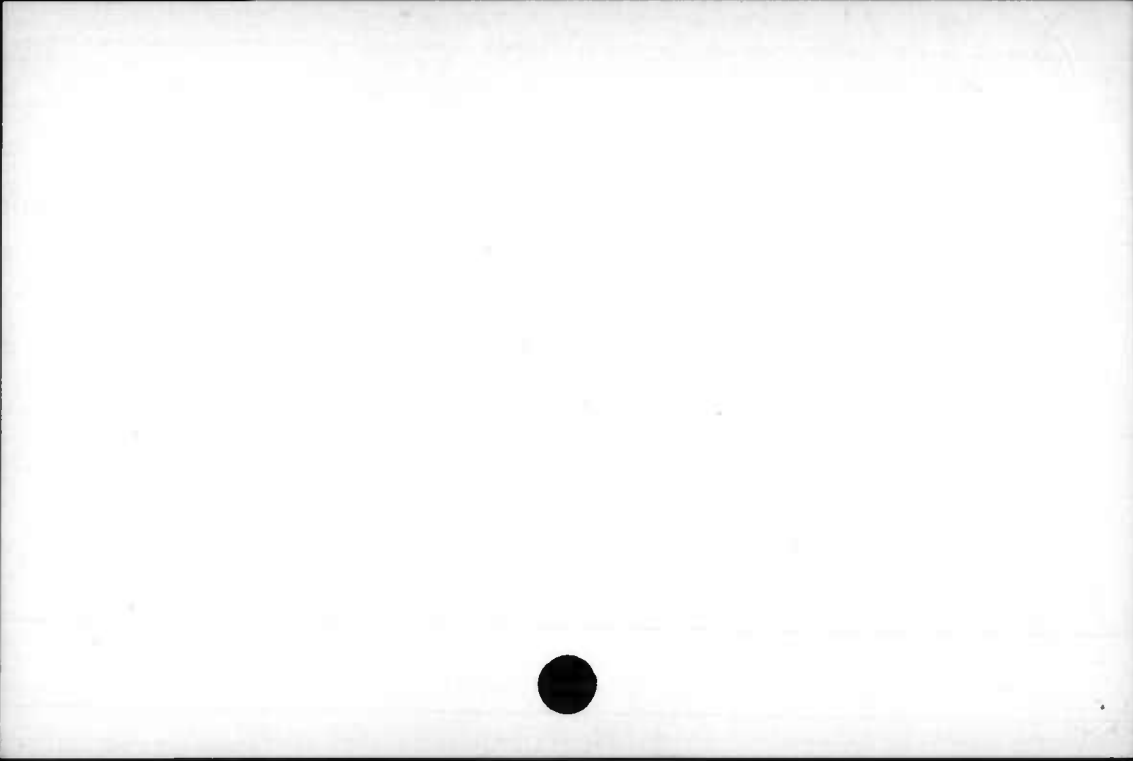
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Luiza Dukes</i>		Town <i>Fishing Creek</i>		County <i>Druckmiller</i>		MARYLAND	
Died at <i>Fishing Creek</i>		Month <i>Feb.</i>		Day <i>2</i>		Years <i>37</i>	
Date of death <i>1907</i>		Age <i>37</i>		Months <i>10</i>		Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dr. Co</i>			
Occupation <i>—</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>E. Frank Dukes</i>					
Father's Name <i>John H. Phillips</i>		Father's Birthplace					
Mother's Maiden Name <i>Minna L. Phillips</i>		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long
Immediate <i>Em elus - pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. H. K. Hunter M.D.</i>
	Address <i>Fishing Creek Md</i>
Accident or Suicide?	





Name  
in  
Full

Bertie Francis Farrar

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Salem

Dorchester

Date

Month

Day

Years

Months

Days

of death

190

7 Feb

2

Age

19

10

17

Sex

Female

Color or  
Race

Black

Birth-  
place

Dorchester

Occupation

Cookwoman

Where Residing if not  
at place of death

mym

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Alfred F Farrar

Father's  
Name

Stawberry

Father's  
Birthplace

Dorchester

Mother's  
Maiden Name

Clara Stawberry

Mother's  
Birthplace

Dorchester

Name of person giving  
information

Husband

How related  
to deceased

Marriage

## CAUSES OF DEATH

Primary

Consumption

27

How long

18 months

Immediate

mym

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

A M Vincent

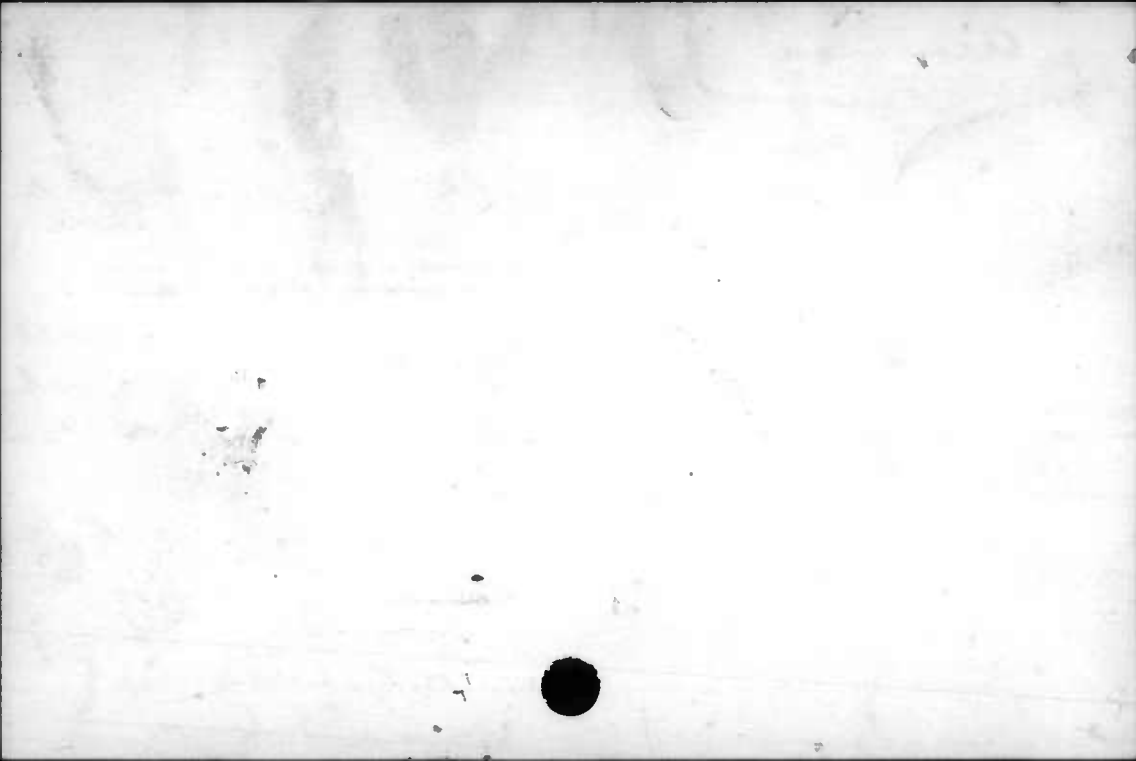
Address

West Register

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

Aurena Frasier

## CERTIFICATE OF DEATH

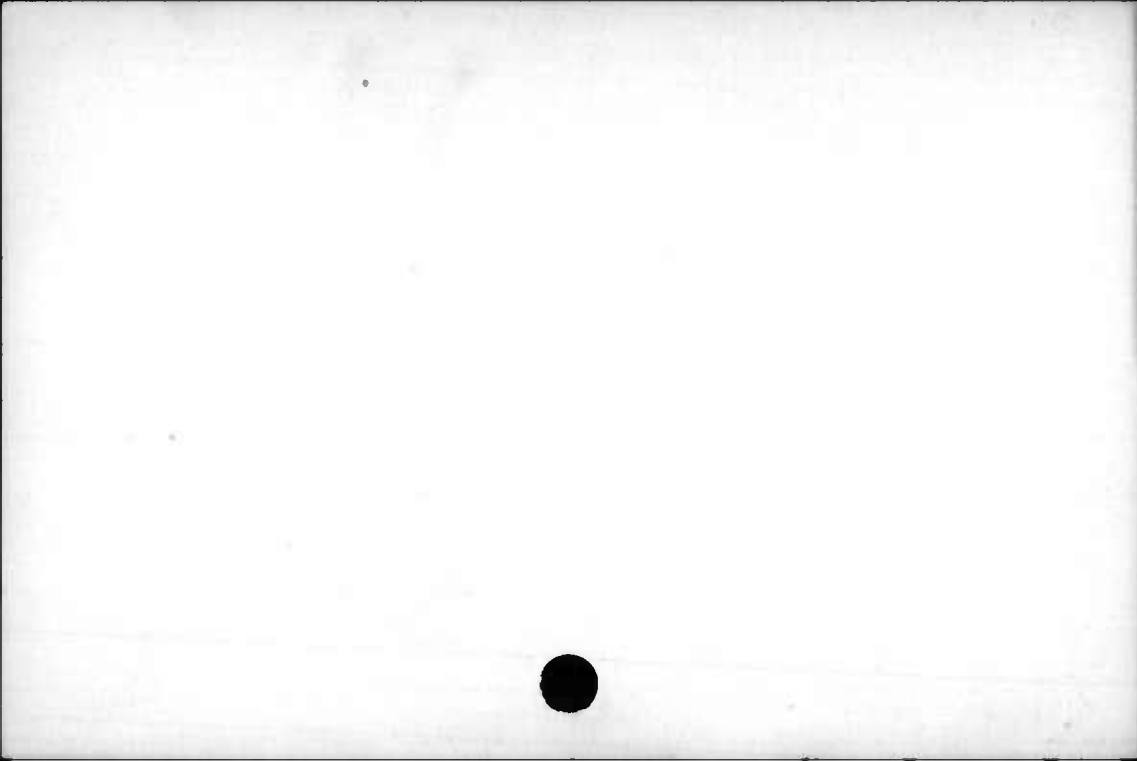
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Taylors Island		County Dorchester		MARYLAND	
Date of death	1907	Month Feb	Day 27	Age	Years 18	Months	Days
Sex	female		Color or Race	white		Birth- place	Taylors Island
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband	<del>Maudie Frasier</del> <del>Thomas Frasier</del>			
Father's Name	Thomas Frasier				Father's Birthplace	Taylors Island	
Mother's Maiden Name	Maudie Rank				Mother's Birthplace	Taylors Island	
Name of person giving information	Frank Frasier				How related to deceased	Uncle	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dont know		How long	Three months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Undertaker <del>Physician</del>
			Address	21 W. Lombdin
Accident or Suicide?				Taylors Island



Name  
in  
Full

Anna Elizabeth Harris

## CERTIFICATE OF DEATH

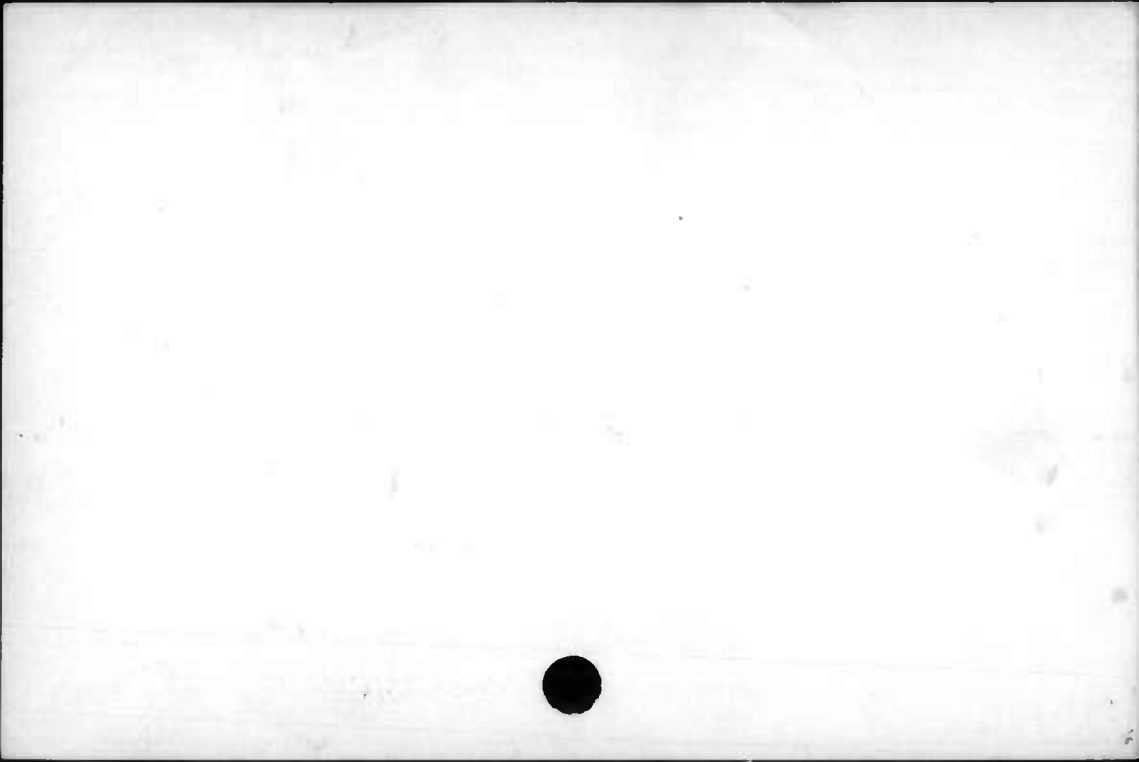
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Near Cambridge		County Orchester		MARYLAND	
Date of death		1907	Month Feb.	Day 17	Age —	Years —	Months 7
Sex Female		Color or Race Colored		Birth- place Near Cambridge		Days 24	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name William J. Harris				Father's Birthplace Orchester			
Mother's Maiden Name Helen Black				Mother's Birthplace Orchester			
Name of person giving information Helen Black				How related to deceased Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hemiplegia	How long	Four days
Immediate	Rupture of Membrane	How long	about 2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Victor Glanville	
		Address	
		Cambridge, Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Alonzo Holland.

Town

County

MARYLAND

Died at Cambridge

Dorchester

Date

Month

Day

Years

Months

Days

of death 1907 July

23

Age

18

unknown

unknown

Sex

Male

Color or  
Race

Black

Birth-  
place

Pocomoke Md.

Occupation

Sailor

Where Residing if not  
at place of death

Cambridge Md.

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Arroun Holland

Father's  
Birthplace

Pocomoke Md.

Mother's  
Maiden Name

Hester Holland

Mother's  
Birthplace

Pocomoke Md.

Name of person giving  
In formation

Hester Holland

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Tuberculosis of the lungs

How long

since Dec 27-1907

Immediate

As then was

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Martin H Goldsborough

Address

Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1





Name  
in  
Full

## CERTIFICATE OF DEATH

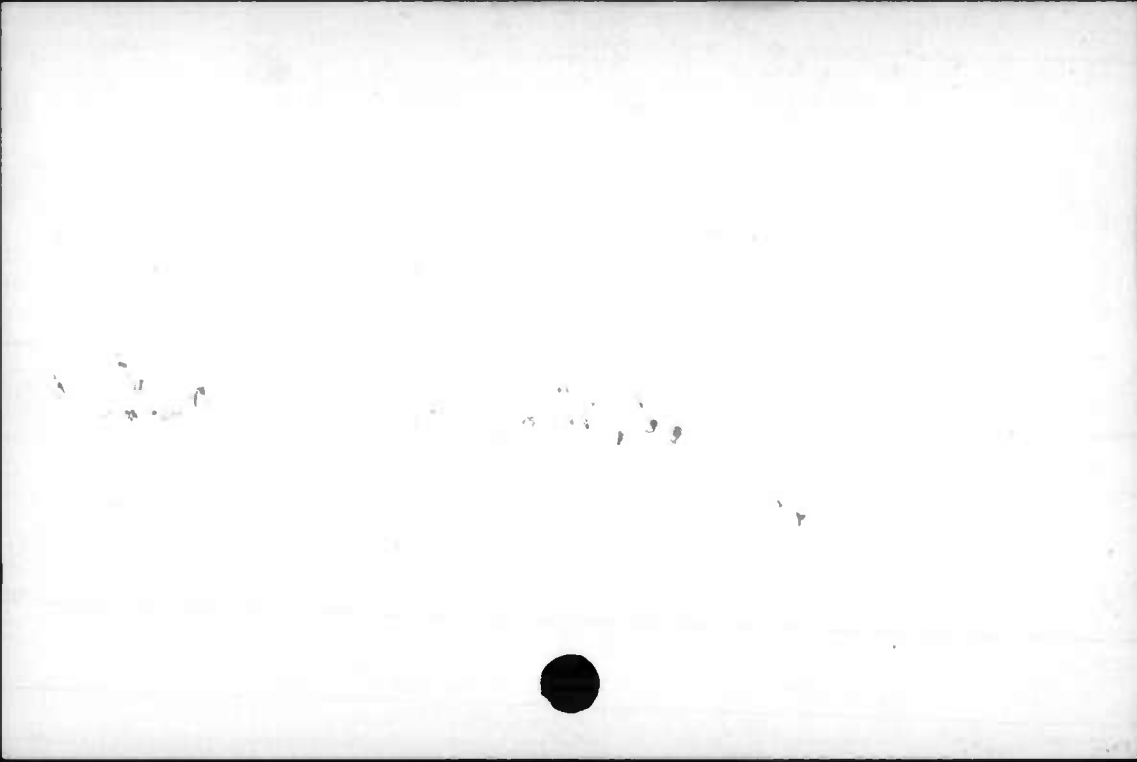
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Solomon Hooper</i>		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Taylor's Island</i>		Month <i>Feb.</i>		Day <i>27</i>		Years <i>76</i>	
Date of death <i>1907</i>		Month <i>Feb.</i>		Day <i>27</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Md</i>			
Occupation <i>Labour</i>		Where Residing if not at place of death <i>C</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Cherity Hooper</i>					
Father's Name <i>Jacob Hooper</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Henry Hooper</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>6 mo or</i>
Immediate <i>Cardiac Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. B. Shivers Jr</i>
	Address <i>Taylor's Island Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Darius Horne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Near Vienna* <sup>Town</sup> *Dor* <sup>County</sup> **MARYLAND**

Date of death *1907* <sup>Month</sup> *2* <sup>Day</sup> *9* <sup>Years</sup> *62* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *male* Color or Race *white* Birth-place *Co*

Occupation *Farm* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *None*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *A. J. Hilek* How related to deceased *none*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* **(93)** How long *10 days*

Immediate *Edema* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. B. Brodnick*

Address *Vienna*

Accident or Suicide? *No*



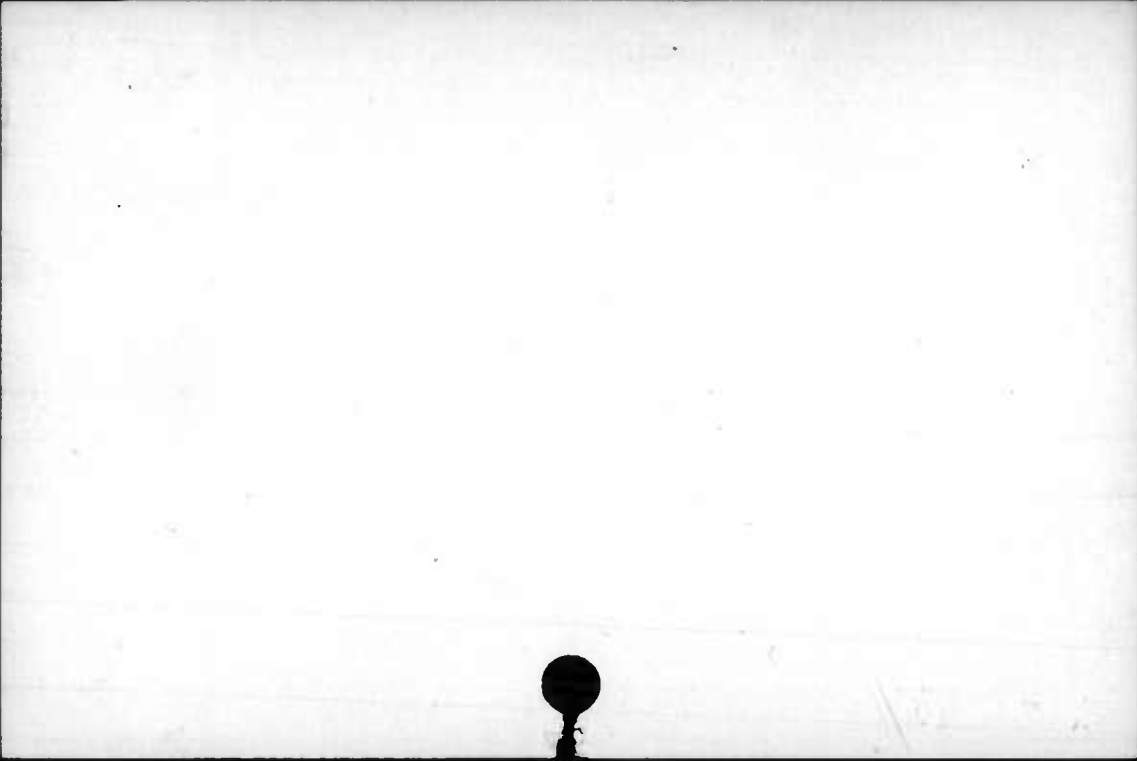
Name  
in  
Full

## CERTIFICATE OF DEATH

Name in Full <i>Margaret A. Hughes</i>		Town <i>Lakesville</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Lakesville</i>		Month <i>Feb</i>		Day <i>18</i>		Years <i>94</i>	
Date of death <i>1907</i>		Months <i>7</i>		Days <i>18</i>		Age <i>94</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Greenland, CT</i>			
Occupation <i>Seamstress</i>		Where Residing if not at place of death <i>Lakesville</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Hughes</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Greenland</i>					
Name of person giving information <i>Mary J. Deery</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Grip</i>	<i>10</i>	How long <i>2 weeks</i>	
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. A. Jones</i>	Address <i>6 Pap - md</i>	
	Accident or Suicide?			



Name  
in  
Full

Kathina Lerman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cambridge Town Dorchester County

Date of death 1907 7 Month 10 Day 69 Years Months Days

Sex Female Color or Race white Birth-place Germany

Occupation Launderer Where Residing if not at place of death —

Married, Single or Widowed widow Name of Wife or Husband Jacob Lerman

Father's Name Andreas Bruckert Father's Birthplace Germany

Mother's Maiden Name Kathina Bauer Mother's Birthplace Germany

Name of person giving information Abraham Lerman How related to deceased Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pharynx How long 3 weeks

Immediate Asphyxia How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes


Signature of Physician Martin J. Goldsborough

Address Cambridge

Accident or Suicide? —





Name in Full		Fannie E Jackson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester Co</u> <sup>County</sup>		<u>md</u> <sup>MARYLAND</sup>	
		Date of death <u>1907</u> <sup>Month</sup> <u>Feb</u> <sup>Day</sup> <u>3</u>		Age <u>39</u> <sup>Years</sup>		<u>2</u> <sup>Months</sup> <u>6</u> <sup>Days</sup>	
		Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Dorchester</u>	
		Occupation <u>House Wf</u>		Where Residing if not at place of death <u>Bucktown</u>			
		Married, <del>Single</del> or <u>Widowed</u>		Name of Wife or Husband <u>James M Jackson</u>			
		Father's Name <u>Josiah Perry</u>		Father's Birthplace <u>Dorchester</u>			
		Mother's Maiden Name <u>Rosie Cornish</u>		Mother's Birthplace			
		Name of person giving information <u>James M Jackson</u>		How related to deceased <u>Wife</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER 		Primary <u>Sloughing Myoma.</u>		How long <u>Some time</u>			
		Immediate <u>Cardiac Embolus</u>		How long <u>Instant</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E E Wolff</u>			
				Address <u>Cambridge, Md</u>			
		Accident or Suicide?					



Name  
in  
Full

George Jackson

## CERTIFICATE OF DEATH

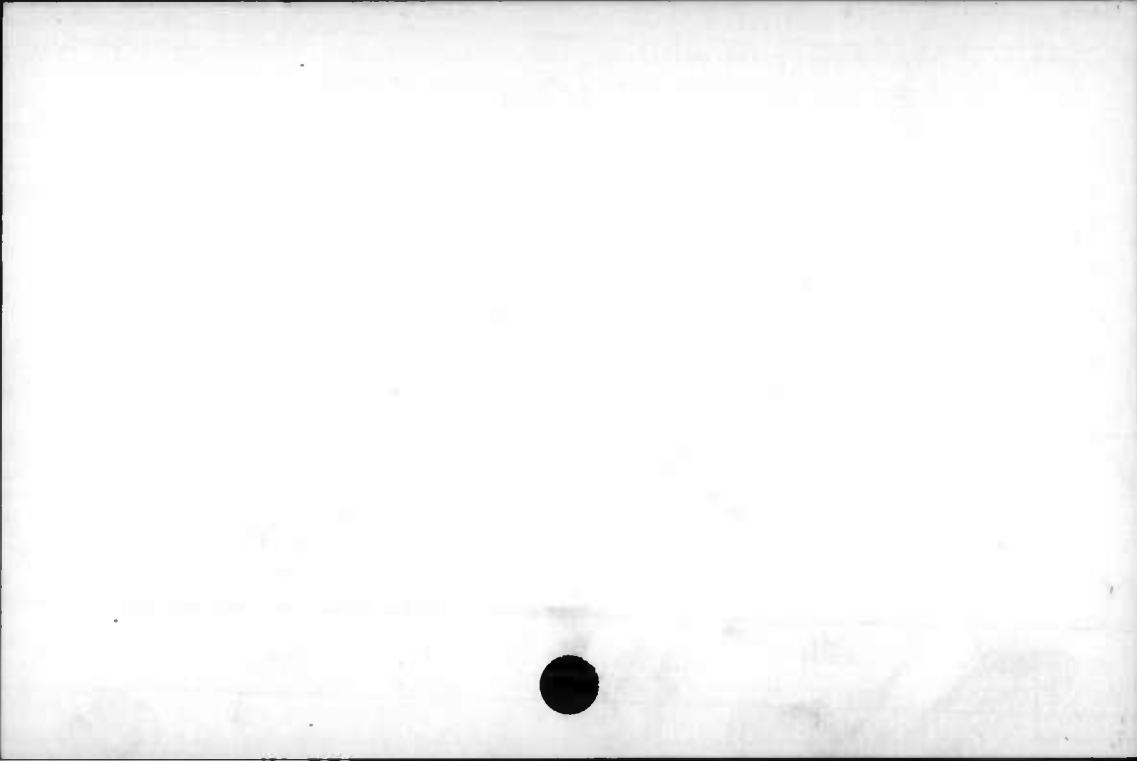
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spartanburg</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>8</i>	Age <i>1</i>	Months <i>6</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mr</i>			
Father's Name <i>Unknown</i>		<input checked="" type="checkbox"/>		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Douglas Jackson</i>		How related to deceased <i>Grand Father</i>			

## CAUSES OF DEATH

Primary <i>Whooping Cough</i>	How long <i>6</i>	How long <i>3 weeks or more</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. M. Trice</i>	
<i>Justice of the Peace</i>	Address <i>Asst</i>	
Accident or Suicide?		

PHYSICIAN  
OR CORONER  
**I**



Name  
in  
Full

Evelyn L. Jones

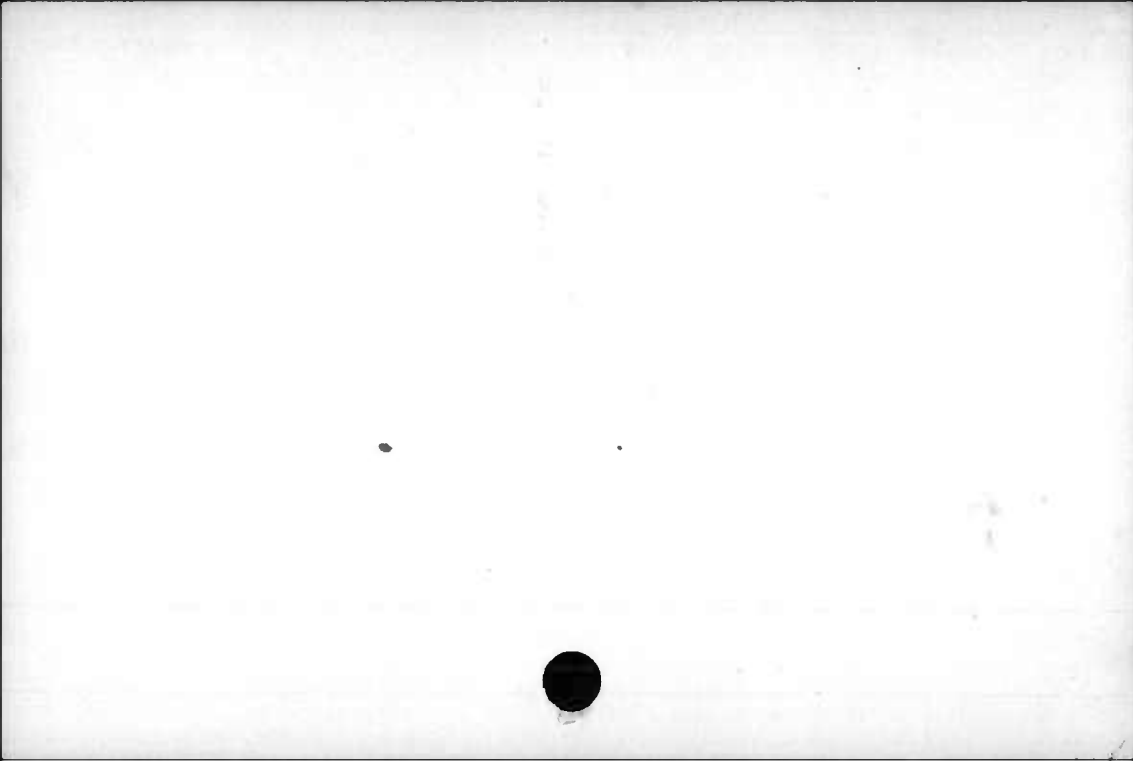
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fishing Creek</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Year</sup>	<u>Feb</u> <sup>Month</sup>	<u>4th</u> <sup>Day</sup>	Age <u>11</u> <sup>Years</sup>	<u>6</u> <sup>Months</sup> <u>6</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dorchester Co.</u>			
Occupation <u>School-girl</u>	Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>_____</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>John F. Jones</u>	Father's Birthplace <u>Dorchester Co.</u>		Mother's Birthplace <u>Dorchester Co.</u>		
Mother's Maiden Name <u>Lillie Tyler</u>	How related to deceased <u>father</u>				
Name of person giving information <u>John F. Jones</u>					

## CAUSES OF DEATH

Primary <u>Tuberculosis</u>	How long <u>5 days</u>
Immediate <u>Broncho-Pneumonia</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. S. Aronson M.D.</u>
	Address <u>Fishing Creek Md.</u>
Accident or Suicide? <u>1</u>	



Name  
in  
Full

Emma Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i> Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cambridge Md</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm. R. Jones</i>			Father's Birthplace <i>Salisbury Md</i>		
Mother's Maiden Name <i>Mary Smith</i>			Mother's Birthplace <i>Oriskany Md.</i>		
Name of person giving information <i>Wm. R. Jones</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	<i>151</i>	How long <i>all of life</i>
Immediate <i>Exhaustion</i>		How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. R. Jones</i>	Address <i>Cambridge Md.</i>
Accident or Suicide?		





Name  
in  
Full

A. Emily Jones

## CERTIFICATE OF DEATH

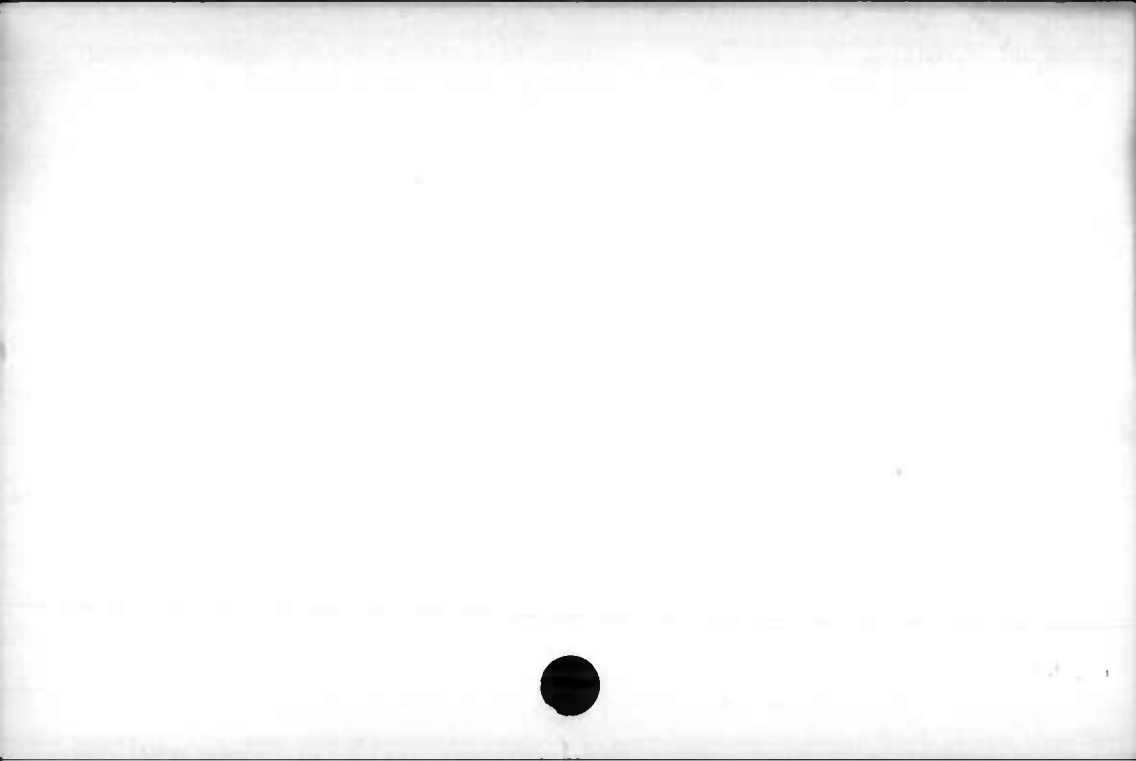
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Orchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>28</u>	Age <u>82</u> Years	Months <u>4</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Or. C. Ind.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>John Jones</u>			
Father's Name <u>Wm. Conway</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Sallie Skinner</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Annie Jones</u>			How related to deceased <u>Daughter</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Burns half of body</u>	How long <u>—</u>
Immediate <u>Pul. &amp; internal inhalation of flame</u>	How long <u>5 1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. H. Platt M.D.</u>
	Address <u>Cambridge Ind.</u>
Accident or Suicide?	



Name  
in  
Full

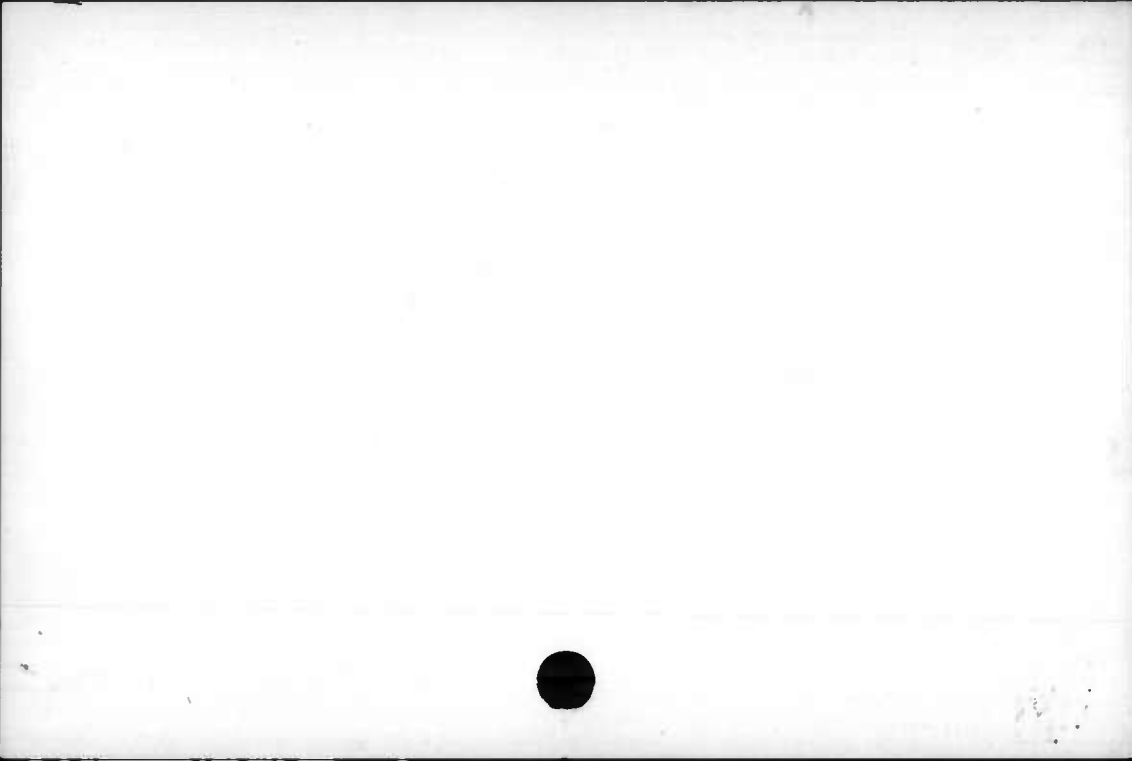
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Spencer Jones</i>		Town <i>Hurlock</i>		County <i>Albion</i>		State <i>MARYLAND</i>	
Died at <i>Hurlock</i>		Date of death <i>1907 Feb. 21st</i>		Age <i>—</i>		Months <i>11</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>md</i>		Days <i>—</i>	
Occupation <i>In fruit</i>		Where Residing if not at place of death <i>Hurlock Md</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Alonza Jones</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Annie Cephas</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Alonza Jones</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER  <b>(1)</b>	Primary <i>La grippe</i>	How long <i>1 week</i>
	Immediate <i>Pneumonia</i>	How long <i>1 day</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. H. Maguire</i>
		Address <i>Hurlock Md</i>
Accident or Suicide?		



Name  
in  
Full

Louie Lake

## CERTIFICATE OF DEATH

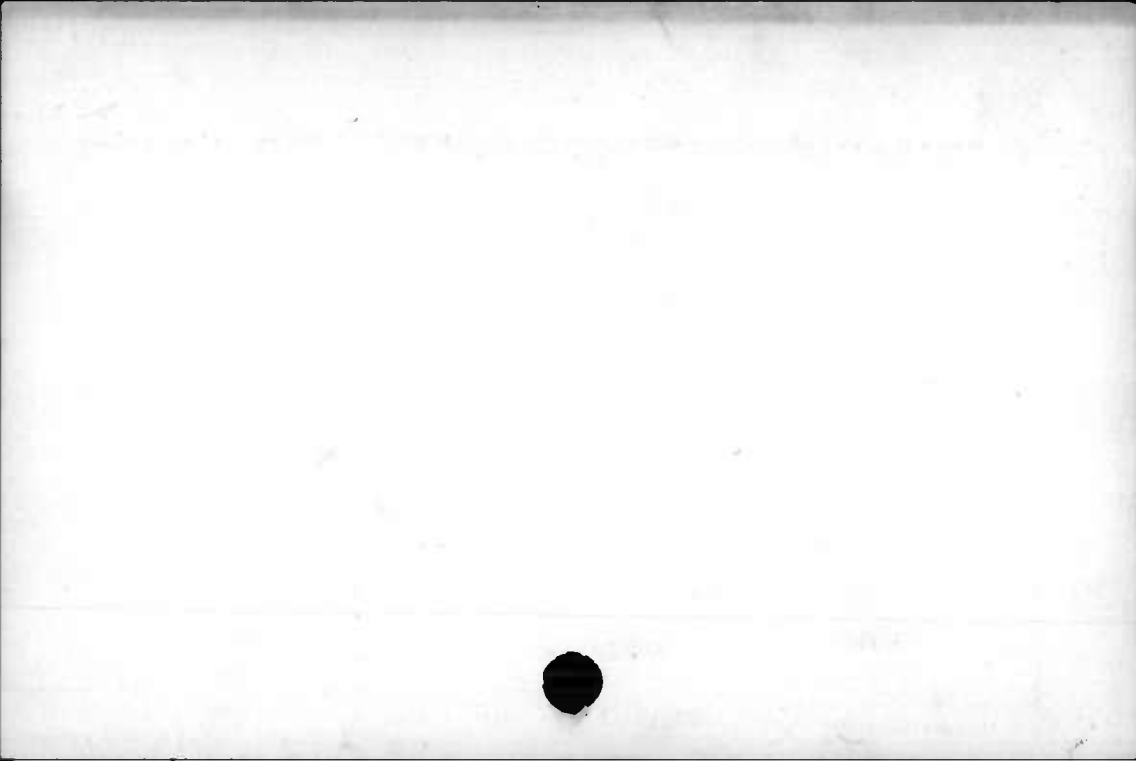
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cabini Creek</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>2</i>	Day <i>10</i>	Age <i>3-</i>	Months <i>6</i> Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Dark</i>		Birthplace <i>Cabini Creek</i>		
Occupation			Where Residing if not at place of death <i>Cabini Creek</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>Frederic Jewo</i>	Father's Birthplace <i>Cabini Creek</i>				
Mother's Maiden Name <i>Grace Lake</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Grace Lake</i>		How related to deceased <i>mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Double Pneumonia</i>	<i>93</i> <i>How long Three weeks</i>
Immediate <i>Heart Failure</i>	<i>How long</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Nicols MD.</i>
	Address <i>E. N. Market St.</i>
<input checked="" type="radio"/> Accident or Suicide?	



Name  
in  
Full

Susan Mc Glotten

## CERTIFICATE OF DEATH

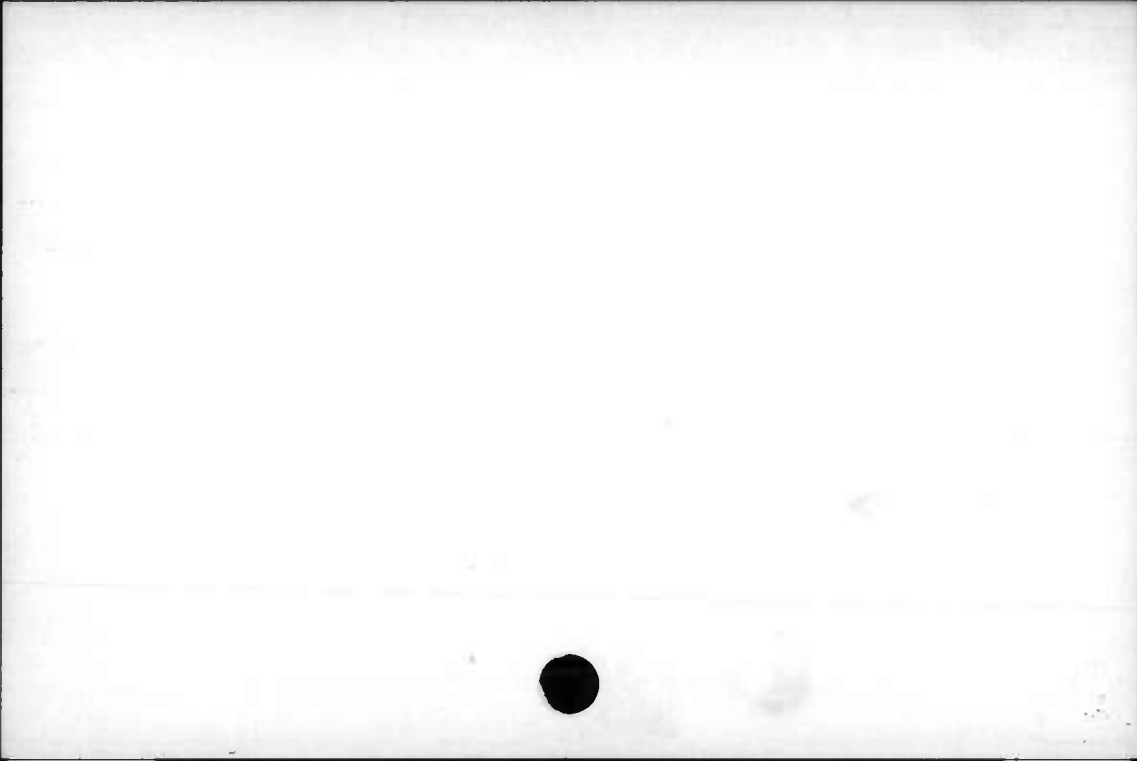
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Cambridge		Dorchester		Co		MA	
Date of death		Month	Day	Age	Years	Months	Days
1907		Feb	23	10			
Sex	Female		Color or Race	Black		Birth-place	Bucktown ma
Occupation	School Girl		Where Residing if not at place of death		Cambridge ma		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Levin Mc Glotten				Father's Birthplace	
						Bucktown ma	
Mother's Maiden Name		Mary Henry				Mother's Birthplace	
						Bucktown ma	
Name of person giving information		Mary Henry				How related to deceased	
						Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<del>Diphtheria</del> Meningitis, Altitis, Media	How long	6 or 8 weeks
Immediate	Meningitis -	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. R. W. Jeff	
		Address	
		Cambridge ma	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

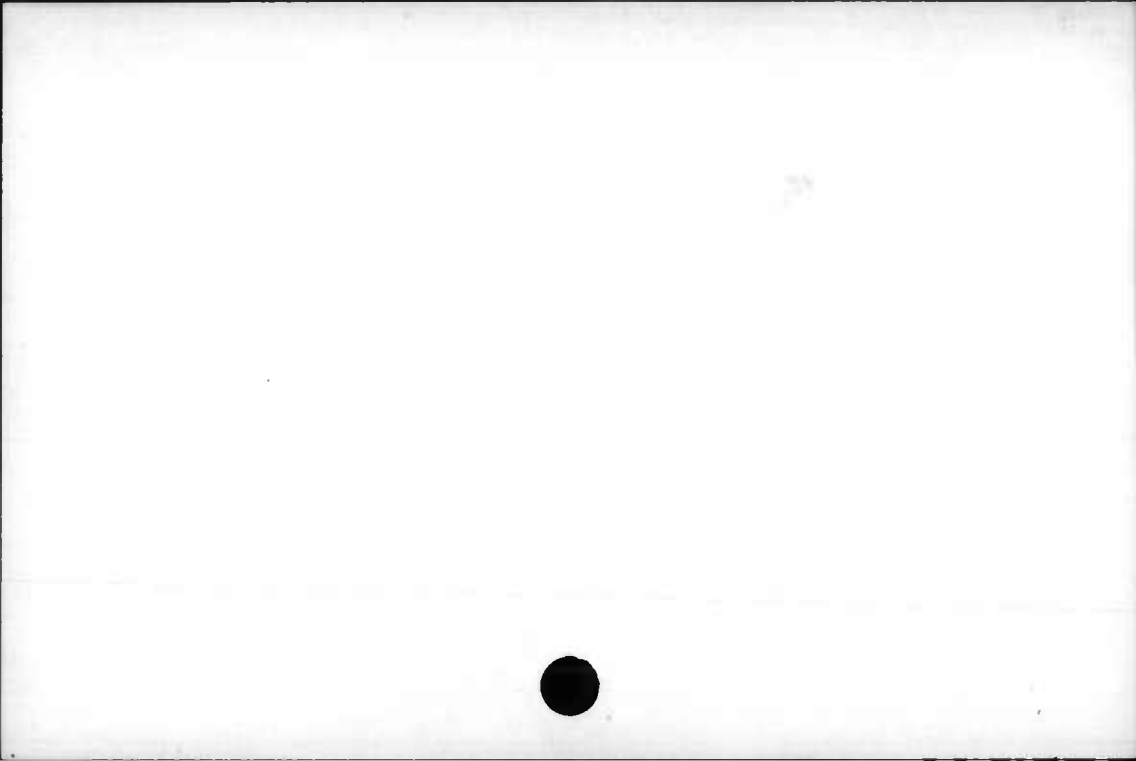
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah M. Mc Namara</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Cambridge</i>		Month <i>Feb.</i>		Day <i>20</i>		Years <i>85</i>	
Date of death <i>1907</i>		Age <i>85</i>		Months <i>8</i>		Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cambridge "</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Levin R. Mc Namara</i>					
Father's Name <i>Levin Moore</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>James M. McCreedy</i>		How related to deceased <i>Grandson</i>					

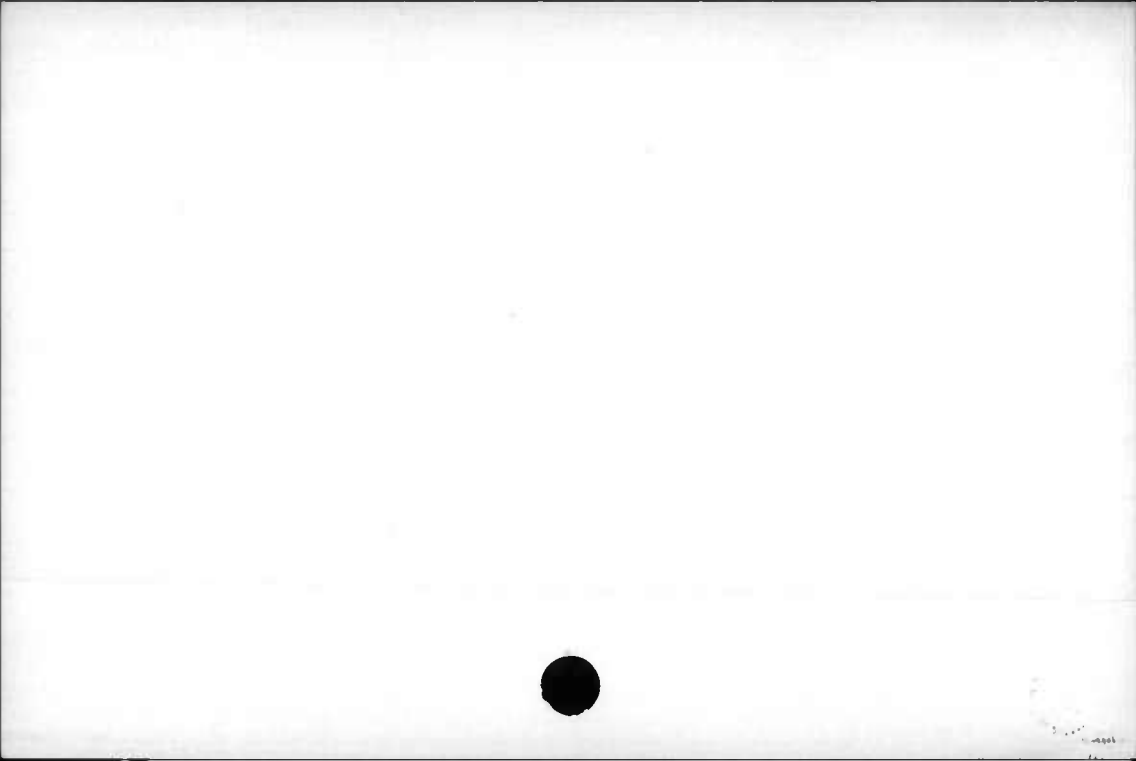
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER  
**1**

Primary <i>Seriously with Gastritis</i>	How long <i>10 1/2 months</i>
Immediate <i>Asthma</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Martin W. Goldsborough</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	<i>Willis</i>



Name in Full		(Infant) (Manning)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Middleton</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND		
	Date of death <u>1907</u>	Month <u>2</u>	Day <u>26</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>a few minutes</u>
	Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Middleton Md.</u>			
	Occupation <u>none</u>		Where Residing if not at place of death <u>—</u>				
	Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>					
	Father's Name <u>Hamilton Manning</u>	Father's Birthplace <u>W. Co. Md.</u>					
	Mother's Maiden Name <u>Eva M. Collister</u>	Mother's Birthplace <u>W. Co. Md.</u>					
Name of person giving information <u>H. Manning</u>		<u>176</u>		How related to deceased <u>father</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Delirious child without physician</u>		How long <u>—</u>				
	Immediate <u>Asphyxiation from blood &amp; mucus</u>		How long <u>a few minutes</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Guy Stull</u>				
			Address <u>Cambridge Md.</u>				
Accident or Suicide?							



Name  
in  
Full

Mollie Manokuy

## CERTIFICATE OF DEATH

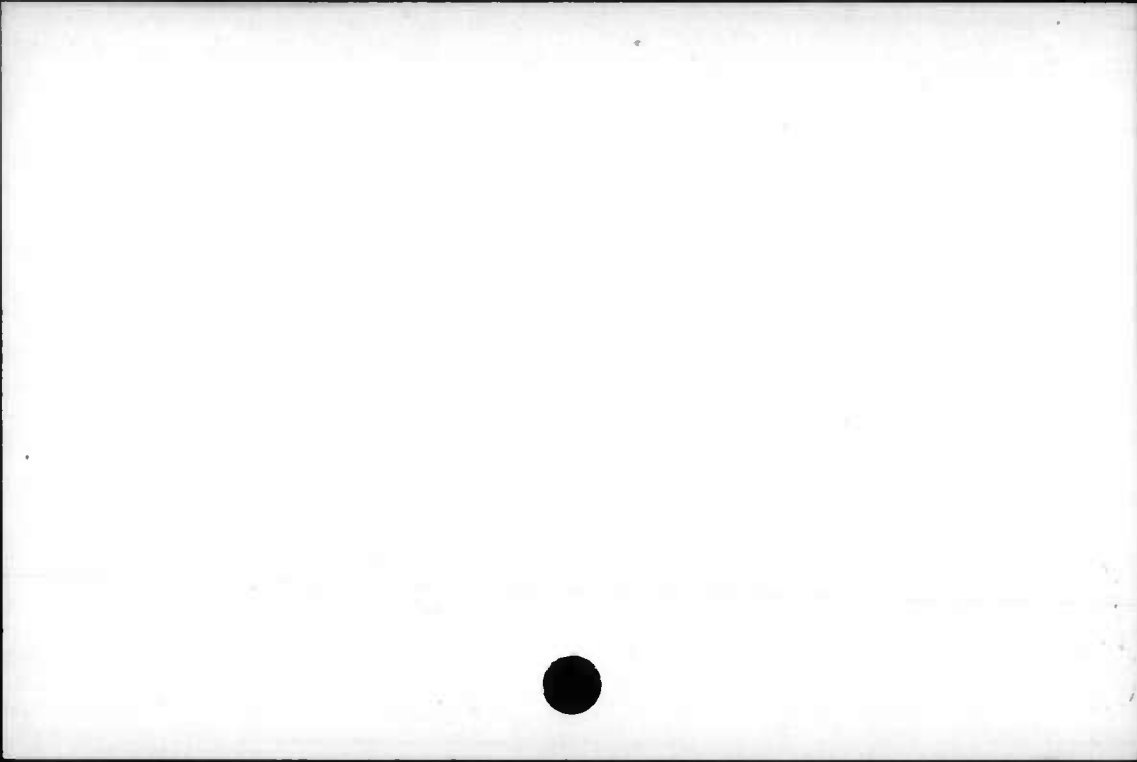
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Egypt Road</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Feb.	Day	13
Age	—		Months	6	
Sex	Female		Color or Race	Col.	
Occupation	Infant		Birth-place	Dor. Co. Md.	
Where Residing if not at place of death			—		
Married, Single or Widowed	Infant		Name of Wife or Husband	—	
Father's Name	John Manokuy		Father's Birthplace	Dor. Co. Md.	
Mother's Maiden Name	Hattie Hughes		Mother's Birthplace	Dor. Co. Md.	
Name of person giving information	John Manokuy		How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>One week</i>
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>Probably</i>	Signature of Physician	<i>R. L. Lovitchman</i>
		Address	<i>Church Creek Md.</i>
Accident or Suicide?	—		



Name

in  
Full

Dorothy Grace Newton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>7<sup>th</sup></u>	Age <u>4</u>	Months <u>2</u>	Days <u>10</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Cambridge</u>		
Occupation <u></u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>Geo. F. Newton</u>		Father's Birthplace <u>Dorchester</u>			
Mother's Maiden Name <u>Marie Loretto Gaulle</u>		Mother's Birthplace <u>Dorchester</u>			
Name of person giving information <u>Geo. F. Newton</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

Primary <u>Marasmus</u>	How long <u>2 Mos</u>
Immediate <u>Asthma</u>	How long <u>1 wk</u>

Are the name, age, sex, color, date and place correctly given above?

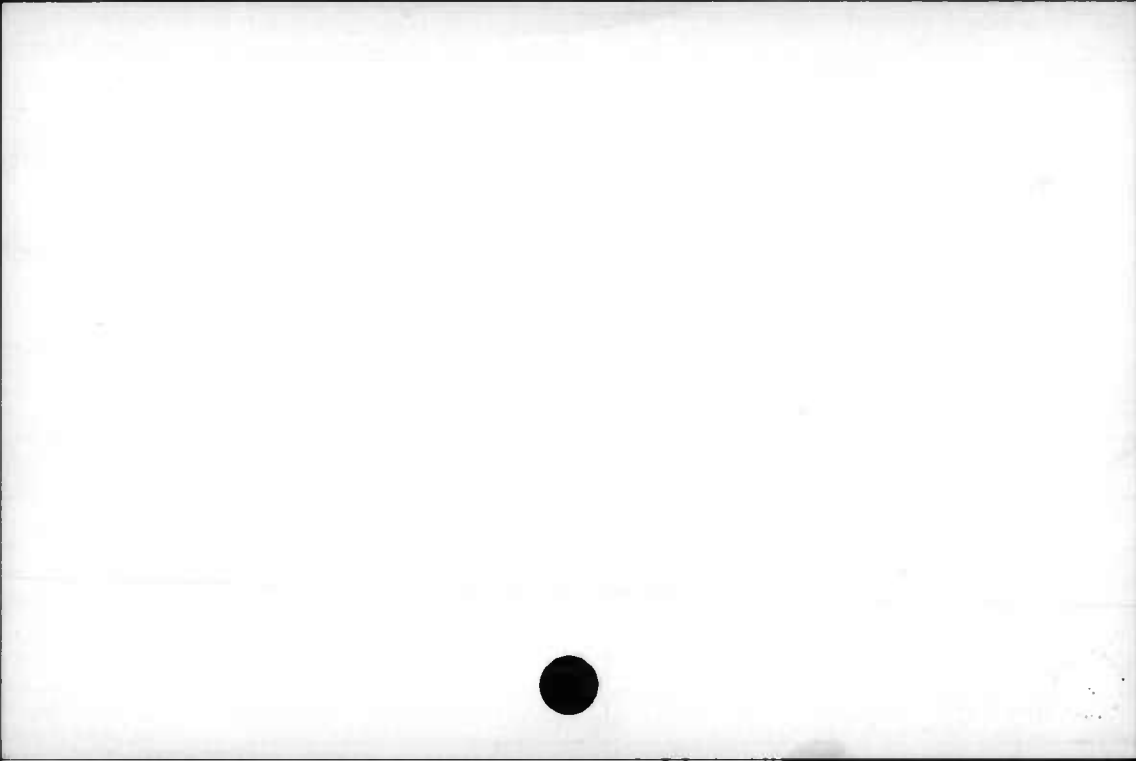
yes

Signature of Physician

Address

Mark W. Goldsby  
Cambridge  
Med.

Accident or Suicide?





Name  
In  
Full

Nichols

## CERTIFICATE OF DEATH

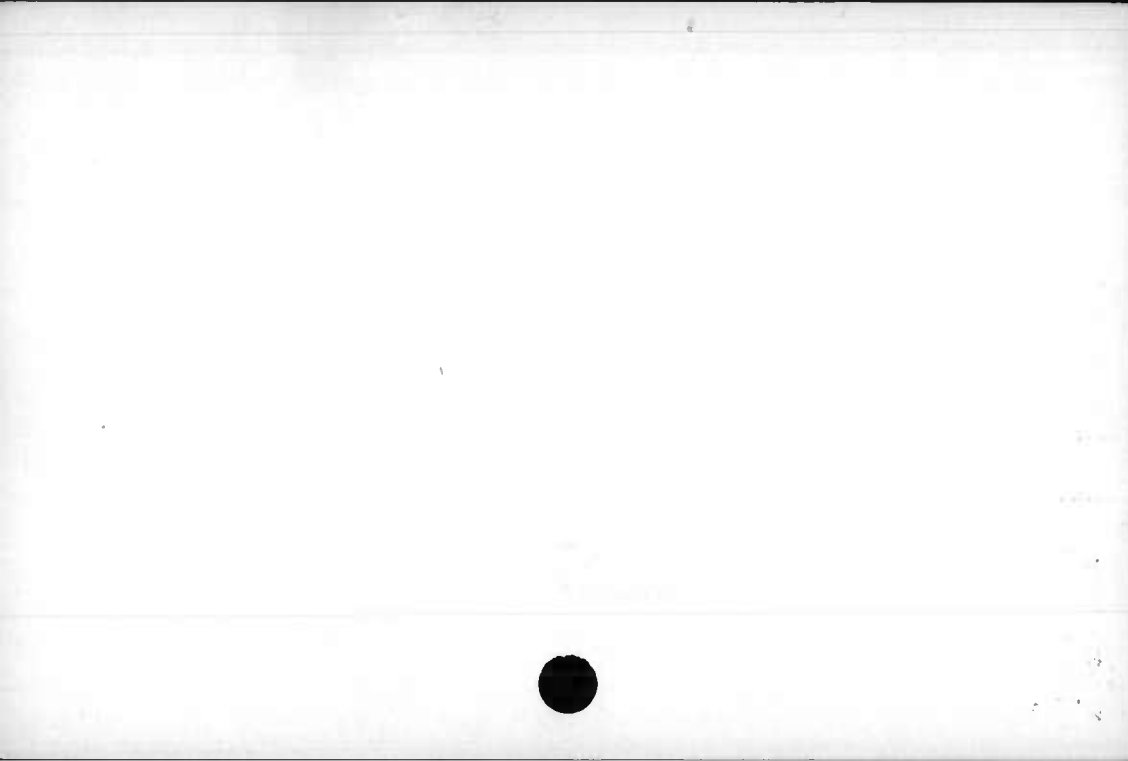
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Church Creek</i>		Town <i>Church Creek</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1907	Month	Feb.	Day	8th	Age	—
Sex	Female		Color or Race	Col.		Birth-place	Dor. Co. Md.
Occupation	Infant			Where Residing if not at place of death			—
Married, Single or Widowed	Infant		Name of Wife or Husband	Infant			
Father's Name	James Nichols					Father's Birthplace	Dor. Co. Md.
Mother's Maiden Name	Mary Cooper					Mother's Birthplace	Dor. Co. Md.
Name of person giving information	Howard Richardson					How related to deceased	None

## CAUSES OF DEATH

Primary	Don't know		How long	—
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?	Probably		Signature of Physician	R. L. Southcreek
		Address		
Accident or Suicide?				

PHYSICIAN  
OF CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

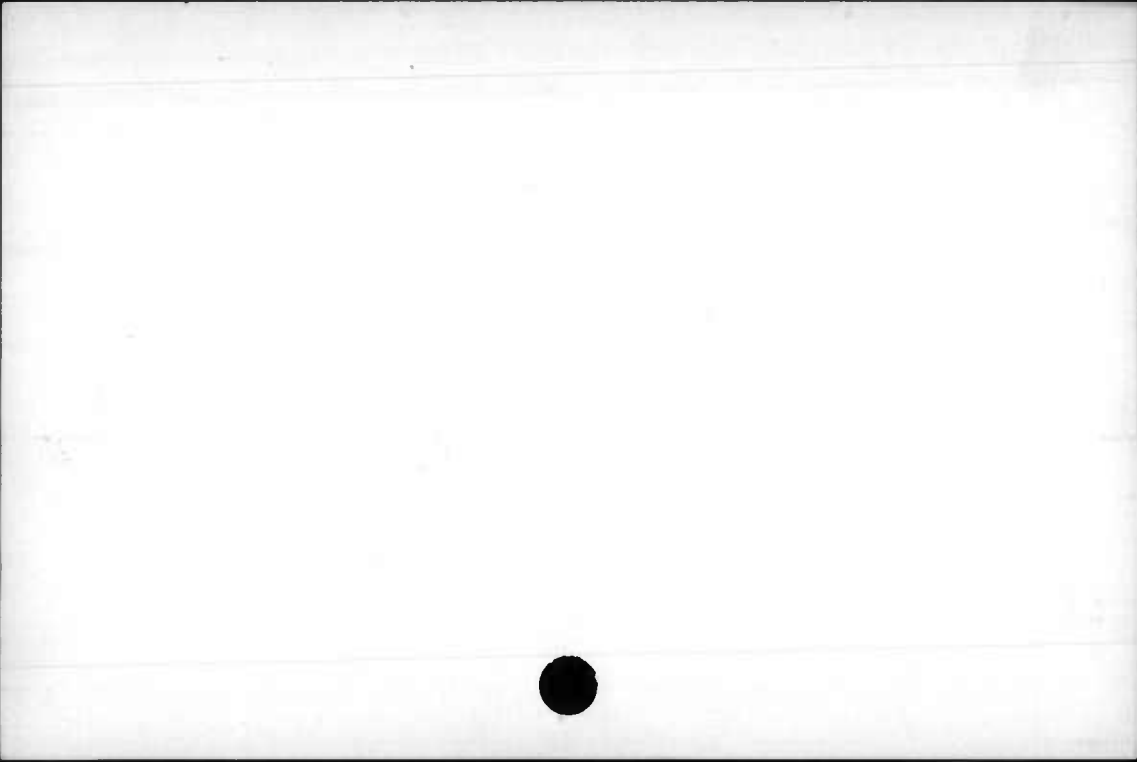
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cornersville</u> <sup>Town</sup>		<u>North</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>Feb</u> <sup>Month</sup>	<u>14</u> <sup>Day</sup>	Age <u>0</u> <sup>Years</sup>	Months <u>3</u>	Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Cornersville</u>		
Occupation <u>none</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Lake North</u>	Father's Birthplace <u>Ind</u>		Mother's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>S. E. Marshall</u>	Name of person giving information <u>A. Marshall</u>		How related to deceased <u>g-mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pertussis</u>	How long <u>1 mo</u>
Immediate <u>convulsions - bronchopneumonia</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A Stokes</u>
	Address <u>Cornersville</u>
Accident or Suicide?	<u>no</u>



Name  
in  
Full

Levinia A. Otho

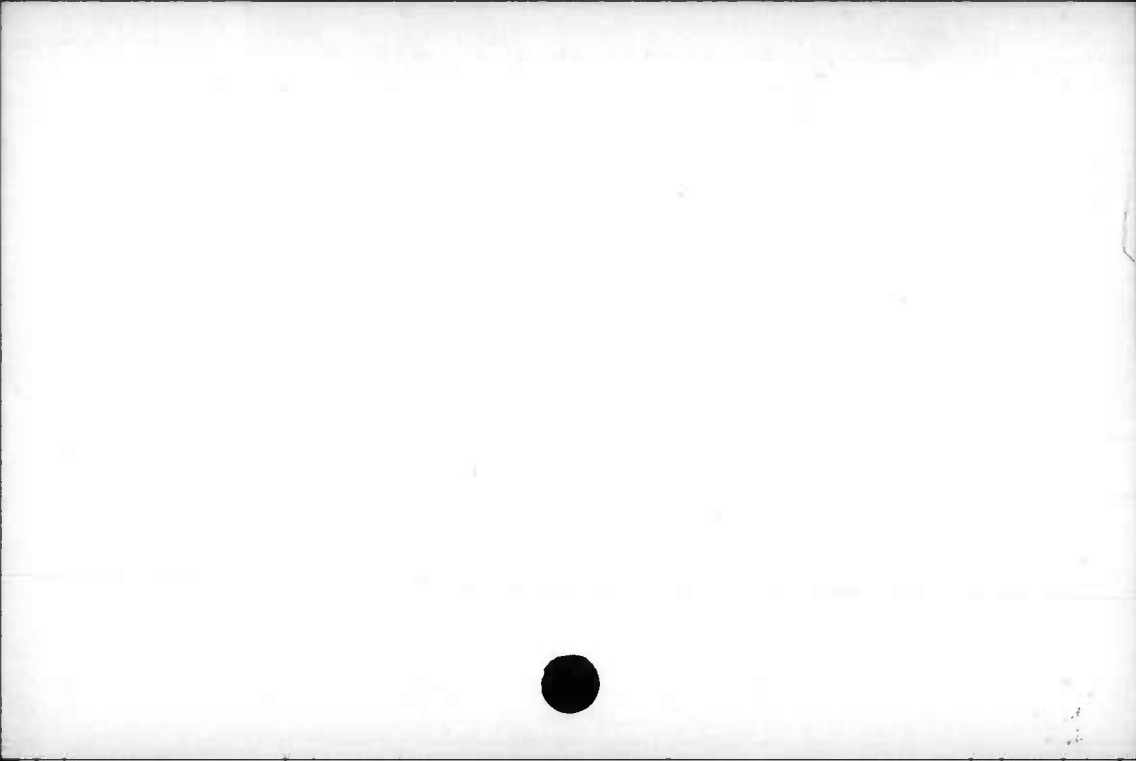
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near</i> <sup>Town</sup> <i>Madison</i>		<sup>County</sup> <i>Dorchester</i> <del>Pa</del>		MARYLAND	
Date of death	<i>1907</i>	<sup>Month</sup> <i>Feb.</i>	<sup>Day</sup> <i>20<sup>th</sup></i>	<sup>Age</sup> <i>70</i>	<sup>Years</sup> <i>70</i>
Sex	<i>Female</i>	Color or Race	<i>Col.</i>	Birth-place	<i>Dor. Co. Md.</i>
Occupation	<i>None</i>			Where Residing if not at place of death	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>John Otho</i>			
Father's Name	<i>Charles Keene</i>			Father's Birthplace	<i>Dor. Co. Md.</i>
Mother's Maiden Name	<i>Dor's Knott</i>			Mother's Birthplace	<i>—</i>
Name of person giving information	<i>John Bailey</i>			How related to deceased	<i>none</i>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Hemiplegia</i>	How long	<i>Six months</i>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>		Signature of Physician	<i>R. L. L. Smith</i>
			Address	
Accident or Suicide?				



Name  
in  
Full

Mary E Parks

## CERTIFICATE OF DEATH

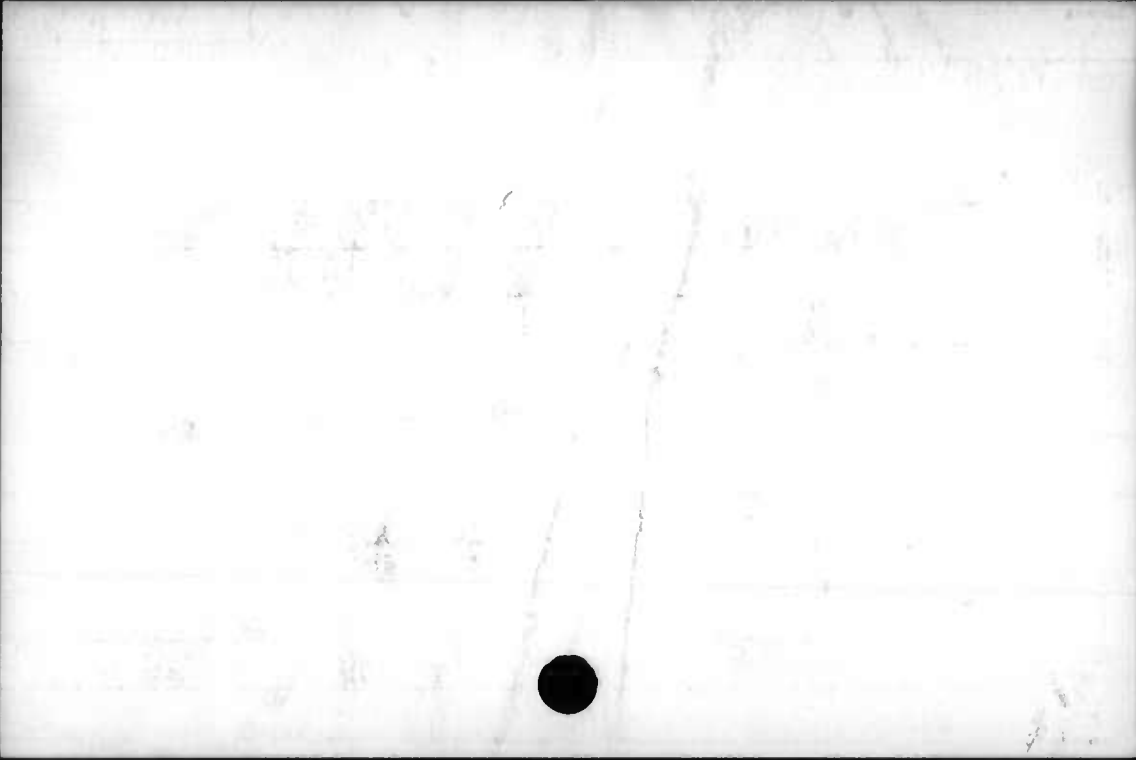
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambodge</u> <sup>Town</sup>		<u>Dorchester Co</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	<u>Feb</u> <sup>Month</sup>	<u>1</u> <sup>Day</sup>	<u>64</u> <sup>Years</sup>	<u>0</u> <sup>Months</sup>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Virginia</u>
Occupation	<u>House Lady</u>	Where Residing if not at place of death <u>Cambodge</u>			
Married, <del>single</del>	<u>widowed</u>	Name of Wife or Husband <u>George H Parks</u>			
Father's Name	<u>Elias Parks</u>	Father's Birthplace		<u>Sumner</u>	
Mother's Maiden Name	<u>don't know</u>	Mother's Birthplace			
Name of person giving information	<u>James Parks</u>	How related to deceased		<u>Child</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Apoplexy -</u>	How long	<u>4 days</u>
Immediate	<u>Paralytic</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Martin H. Lottsborg</u>
		Address	<u>Cambodge, Md</u>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John Patterson*  
*Edmonds* TownCounty *Do*Date  
of death *1907*Month *2<sup>nd</sup>*Day *21<sup>st</sup>*Years *69*

Age

Months

Days

Sex *Male*Color or  
Race *white*Birth-  
place *Do C*Occupation *Farmer*Where Residing if not  
at place of death *Edmonds*Married, ~~Single~~  
or ~~Widowed~~Name of Wife or  
Husband *Brooklyn Patterson*Father's  
Name *unknown*Father's  
Birthplace *unknown*Mother's  
Maiden Name *unknown*Mother's  
Birthplace *unknown*Name of person giving  
In formation *Brooklyn Patterson*How related  
to deceased *wife*

## CAUSES OF DEATH

Primary *organic Heart Disease*

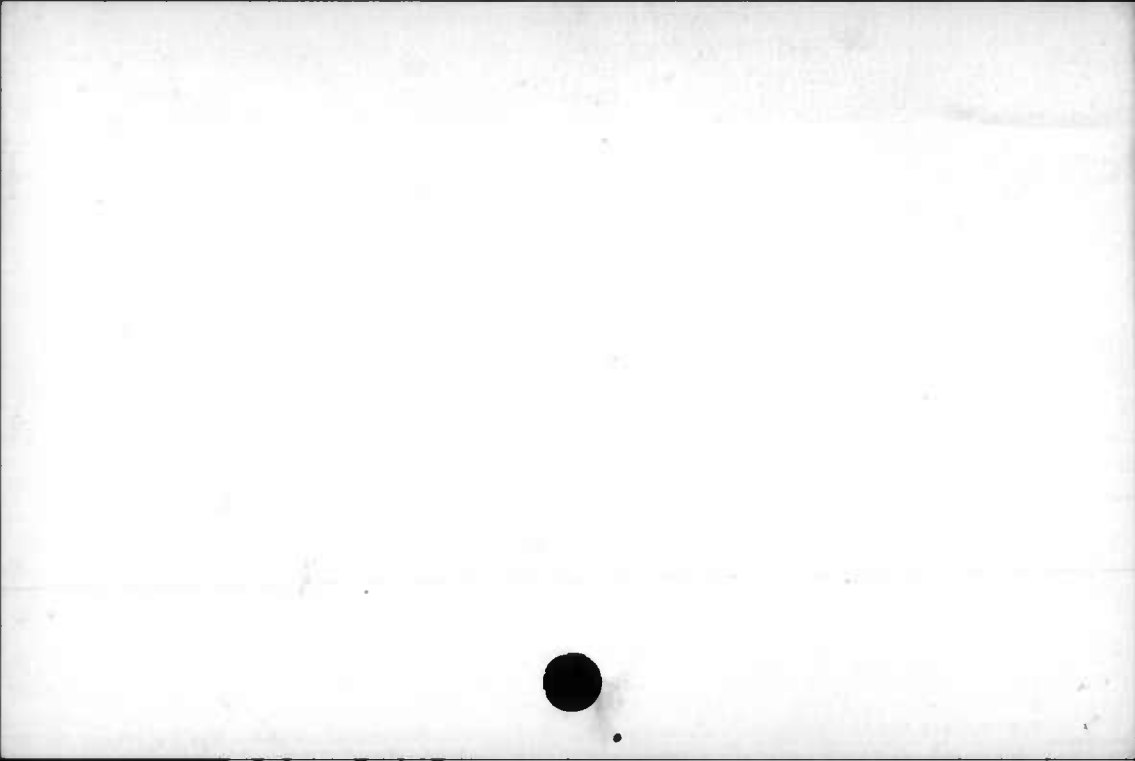
How long

Immediate *Pneumonia*

How long

Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *George Myers*Address *Harford Md*PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full


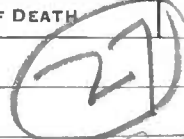

Bessie Pazumsky

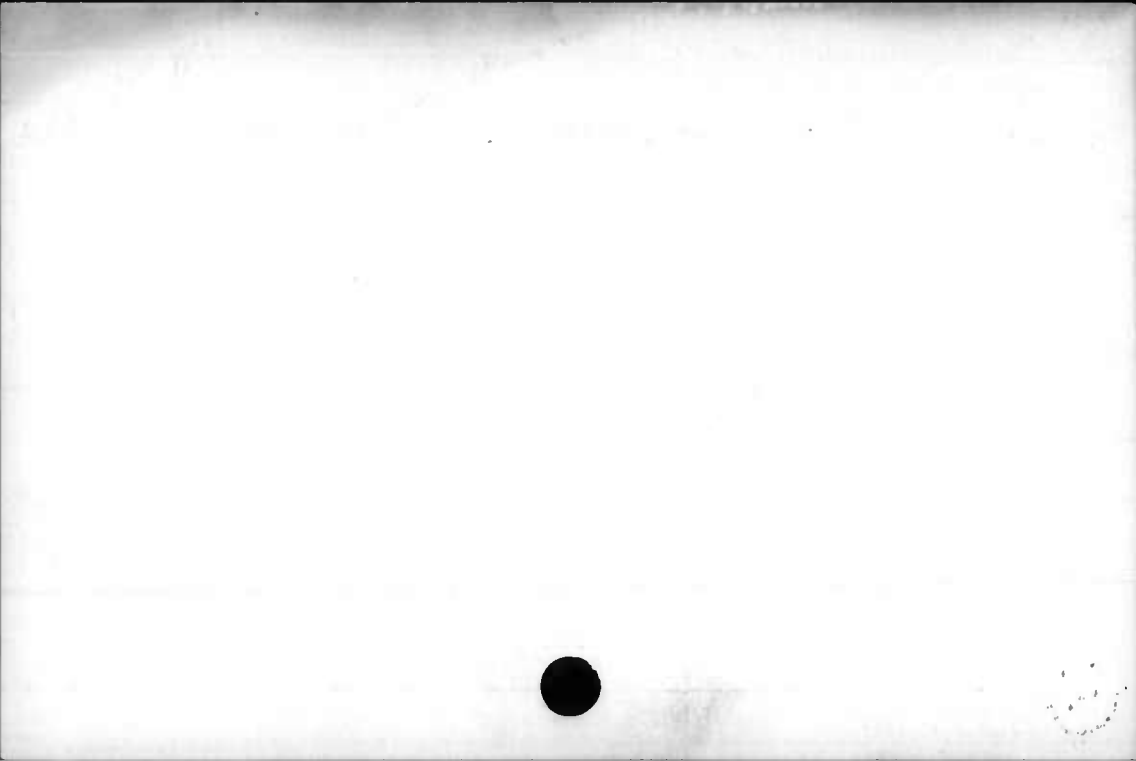
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Des		MARYLAND		
Date of death 190		7	Month 2	Day 19	Age 24	Years 24	Months 6	Days 10
Sex Female		Color or Race White		Birth- place Do Co				
Married, <del>Single</del> or <del>Widowed</del>				Occupation Lumber				
Name of Wife or Husband				Joe Pazumsky				
Father's Name				Eugene J. J. J.				
Mother's Maiden Name				Elizabeth Skowron				
Name of person giving in formation				Joe Pazumsky				
				Father's Birthplace Do Co				
				Mother's Birthplace Do Co				
				How related to deceased Spouse				

## CAUSES OF DEATH

PHYSICIAN OR CORONER 	Primary	Tuberculosis		How long		
	Immediate	Tuberculosis		How long		
	Are the name, age, sex, color, data and place correctly given above?		Yes	Signature of Physician		St. Roger Myers
				Address		
Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charles Pinder</i>		Town <i>Hurlock</i>		County <i>Worcester</i>		MARYLAND	
Died at							
Date of death		Month		Day		Years	
1907		Feb.		9 <sup>th</sup>		5	
Sex		Color or Race		Birth-place			
Male		Colored		Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name		<i>Killie Pinder</i>		Mother's Birthplace		Md.	
Name of person giving information		<i>Stevin Pinder</i>		How related to deceased		Grandfather	

## CAUSES OF DEATH

Primary

*La Grippe*

How long

*8 days*

Immediate

*Pneumonia*

How long

*3 days*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

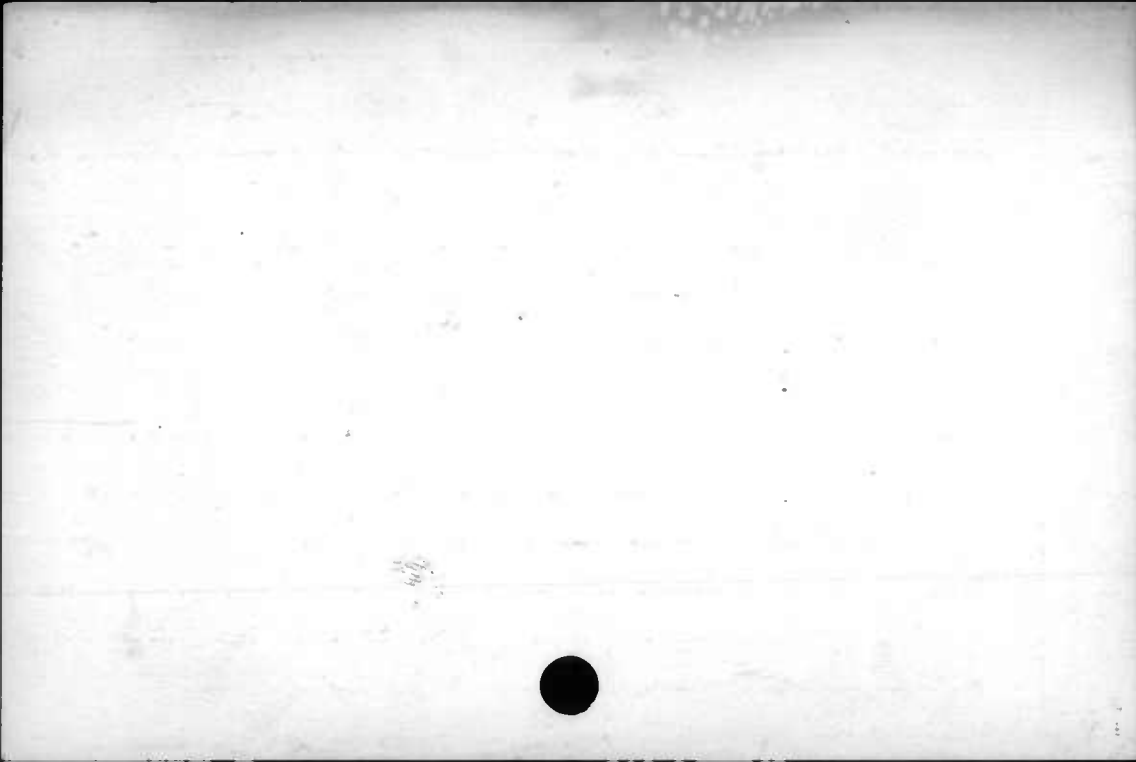
Address

*St. Maguire*  
*Hurlock Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

## CERTIFICATE OF DEATH

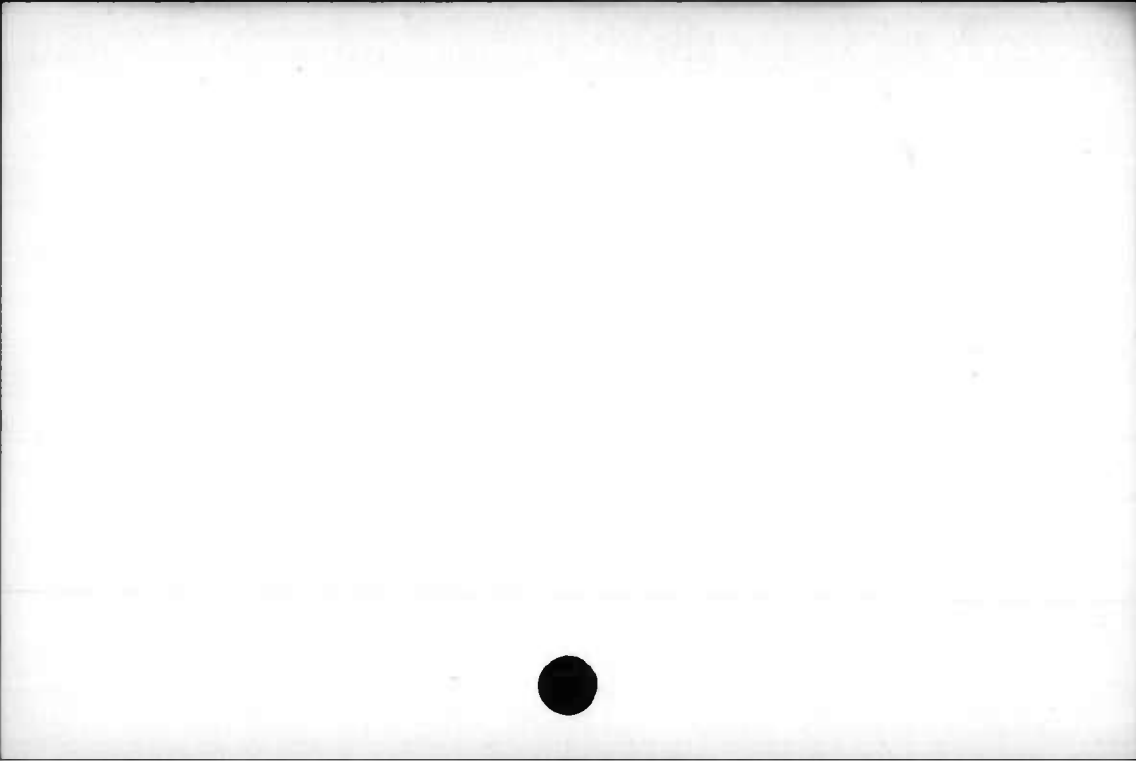
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Janie Robinson</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Cambridge</i>		Month <i>Feb.</i>		Day <i>10</i>		Years <i>70</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Dressmaker</i>		Where Residing if not at place of death <i>Cambridge "</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Edward P. Robinson</i>					
Father's Name <i>Solomon Robinson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Rachel Robinson</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Thomas S. Robinson</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of breast</i>	How long <i>43</i>	How long <i>some years</i>
Immediate <i>General Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Guy Stille Street Officer</i>	
	Address <i>Cambridge Md.</i>	
	<i>No physician in attendance</i>	
Accident or Suicide?		





Name  
in  
Full

Hester Ann Rawley

## CERTIFICATE OF DEATH

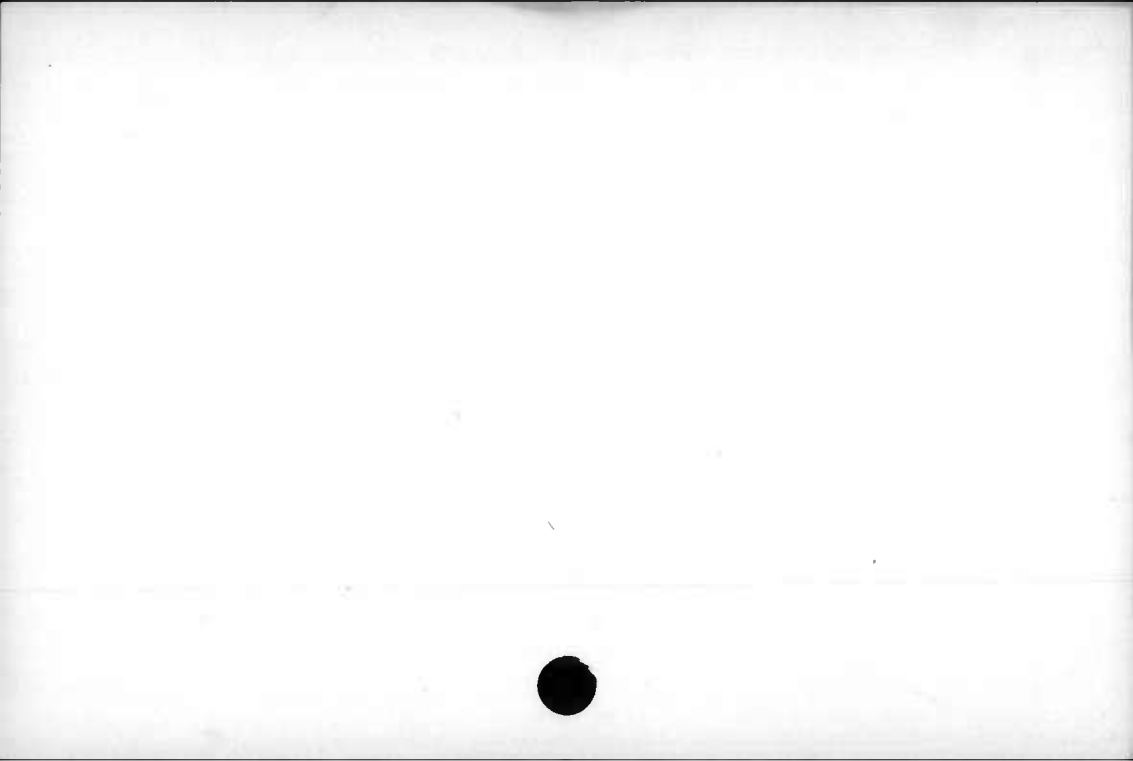
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hills Point</u> <small>Town</small>		<u>Barchester</u> <small>County</small>		MARYLAND	
Date of death <u>1907 Feb</u> <small>Month</small>		<u>24</u> <small>Day</small>	Age <u>3</u> <small>Years</small>	<u>0</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex <u>Female</u>		Color or Race <u>negro</u>		Birth-place <u>Hills Pt. Md</u>	
Occupation <u>none</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>Parker Rawley</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Sarah Carnish</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Ann Carnish</u>		How related to deceased <u>Grand m</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pertussis - bronchitis</u>	How long <u>6 weeks</u>
Immediate <u>convulsions</u>	How long <u>12 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A Stokes</u>
	Address <u>Carnersville</u>
Accident or Suicide?	<u>md</u>



Name  
in  
Full

Sarah A. Sauerhoff

## CERTIFICATE OF DEATH

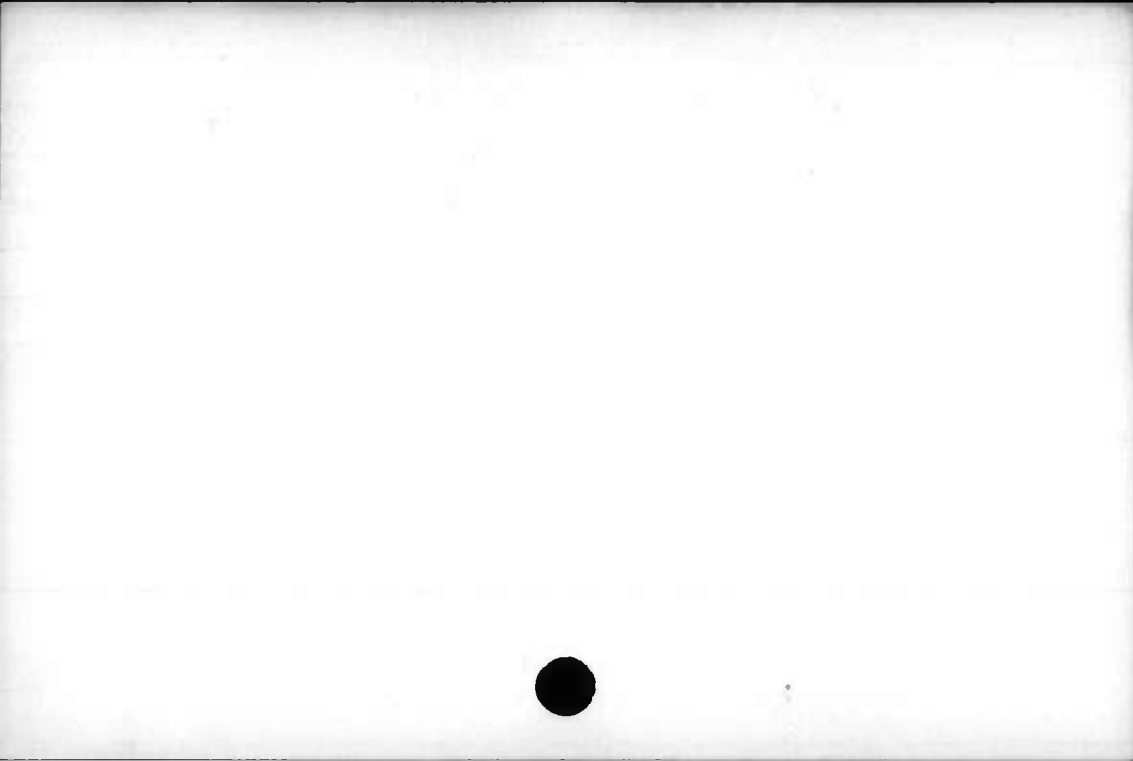
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Feb.</i> <sup>Month</sup>	<i>3</i> <sup>Day</sup>	<i>87</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Cambridge</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Sauerhoff</i>				
Father's Name <i>James Jefferys</i>	Father's Birthplace <i>Penn.</i>				
Mother's Maiden Name <i>Polly Reck</i>	Mother's Birthplace <i>Penn.</i>				
Name of person giving information <i>Joseph H. Sauerhoff</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Influenza &amp; Pneumonia</i>	How long <i>a number of years</i>
Immediate <i>Heart Failure</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John W. Mac</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

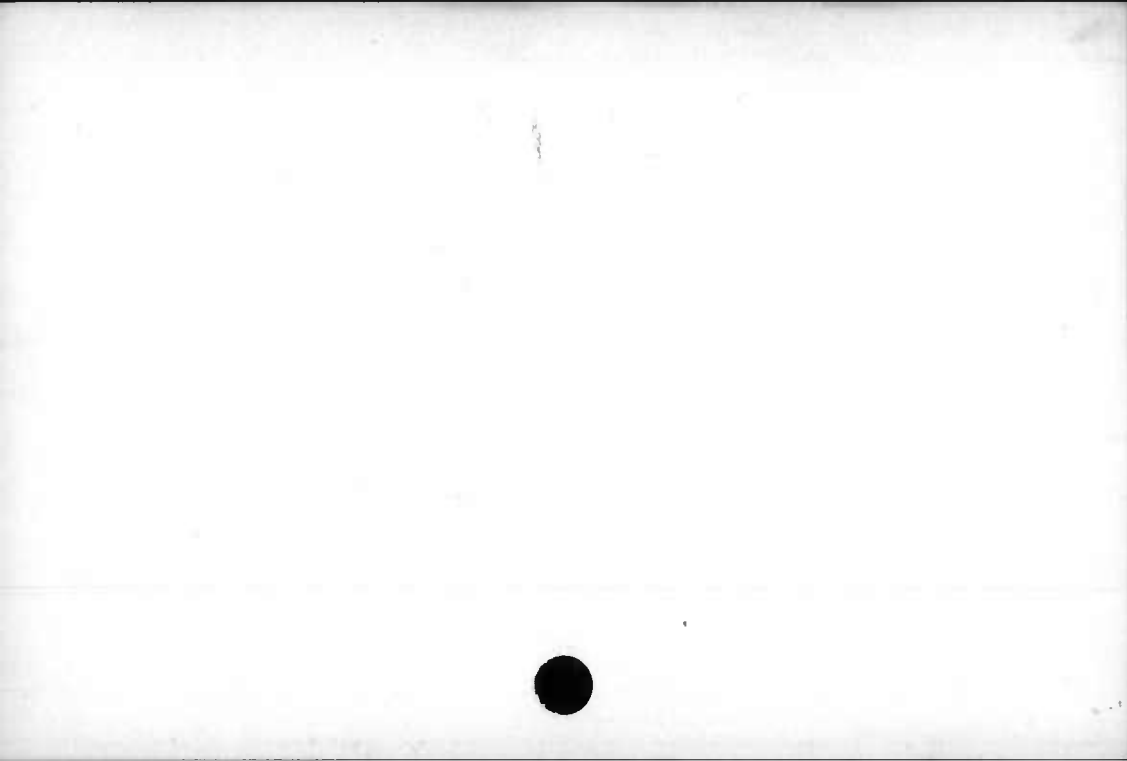
Mary Standley

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester Co</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Year</sup> <u>Feb</u> <sup>Month</sup> <u>13</u> <sup>Day</sup>		Age <u>37</u> <sup>Years</sup>		Months <u>  </u> Days <u>  </u>	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Dorchester</u>	
Occupation <u>  </u>			Where Residing if not at place of death <u>  </u>		
<u>Married</u> <sup>Single</sup> <u>  </u> <sup>or Widowed</sup> <u>  </u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>Don't know</u>			Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>Richard J. Jackson</u>			How related to deceased <u>Uncle</u>		

## CAUSES OF DEATH

Primary	<u>Don't know</u>	How long	<u>Don't know</u>
Immediate	<u>Don't know</u>	How long	<u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>White 20</u>		Signature of Physician <u>John Moore</u>	
		Address <u>Cambridge Md.</u>	
Accident or Suicide? <u>no</u>		<u>Saw her when dying</u>	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Carnersville</i> <sup>Town</sup>		<i>Stanley</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907 Feb</i>	Month <i>Feb</i>	Day <i>7</i>	Age <i>14</i>	Months <i>10</i>	Days
Sex <i>male</i>	Color or Race <i>negro</i>		Birth-place <i>Box. Co Md</i>		
Occupation <i>farm laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>John Stanley</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Milly A. Macy</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>John Stanley</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pertussis</i>	How long <i>1 mo</i>
Immediate <i>Brachio-pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>
	Address <i>Carnersville Md</i>
Accident or Suicide?	





Name  
in  
Full

Annie V. Travers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Fishing Creek Town Dorchester County

MARYLAND

Date of death 1907 February 27th Age 21 Months 7 Days 11

Sex Female Color or Race White Birth-place Fishing Creek Ind

Occupation None Where Residing if not at place of death

Married, Single or Widowed infant Name of Wife or Husband

Father's Name John Algis Travers

Father's Birthplace Fishing Creek Ind

Mother's Maiden Name Alberta J. Woodland

Mother's Birthplace Dorchester Co.

Name of person giving information Wm. B. Travers

How related to deceased cousin

## CAUSES OF DEATH

Primary Malaria

How long 5 days

Immediate Broncho Pneumonia

How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

W. H. Houston M.D.  
Fishing Creek IndPHYSICIAN  
OR CORONER



Name  
in  
Full

Hall Matthews Travers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

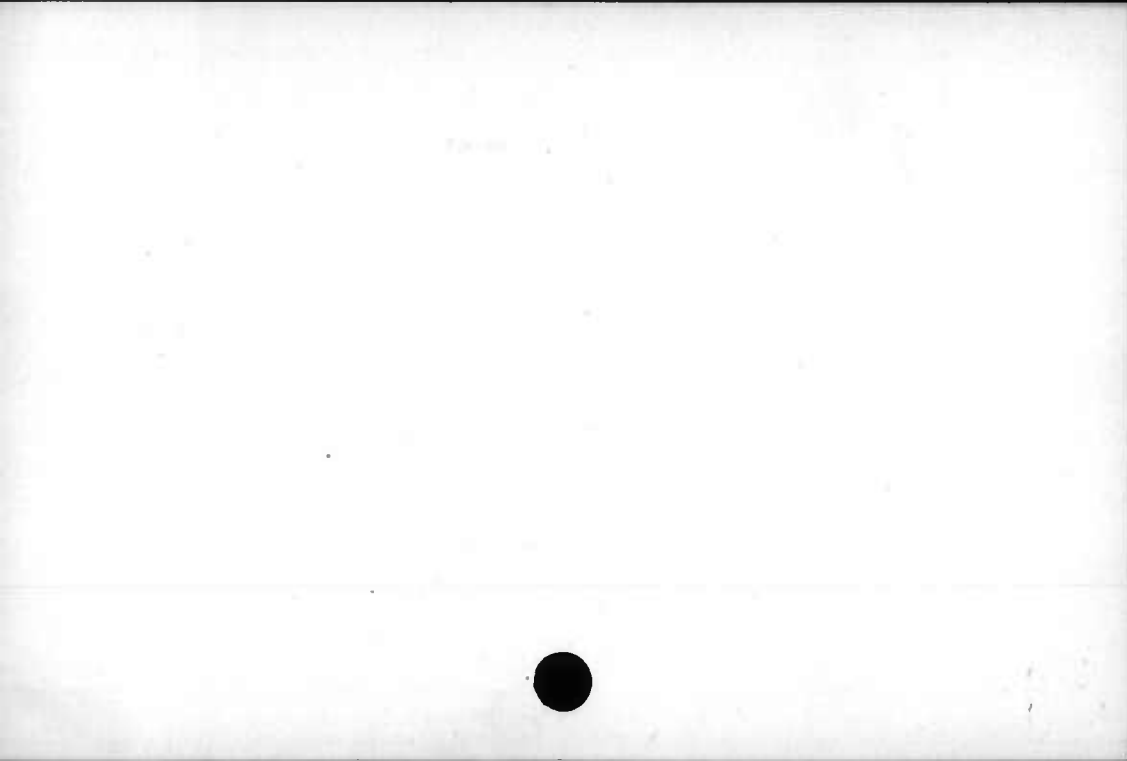
Died at <u>Fishing Creek</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>7</u> <sup>Month</sup> <u>Feb</u> <sup>Day</sup> <u>5th</u>	Age	<u>4</u> <sup>Years</sup>	<u>4</u> <sup>Months</sup>	<u>26</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>Mixed</u>	Birth-place	<u>Dorchester</u>
Occupation	<u>Infant</u>		Where Residing if not at place of death <u>                    </u>		
Married, Single or Widowed	<u>                    </u>		Name of Wife or Husband <u>                    </u>		
Father's Name	<u>Messimo R. Travers</u>			Father's Birthplace	<u>Dorchester</u>
Mother's Maiden Name	<u>Rebecca Travers</u>			Mother's Birthplace	<u>Dorchester</u>
Name of person giving information	<u>Messimo R. Travers</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

Primary	<u>Ichthyosis (Congenital)</u>	How long	<u>4 months + 26 days</u>
Immediate	<u>measles</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. H. Houston M.D.</u>
		Address	<u>Fishing Creek Md.</u>
Accident or Suicide?			

PHYSICIAN  
OR CORONER

1



Name

in  
Full

## CERTIFICATE OF DEATH

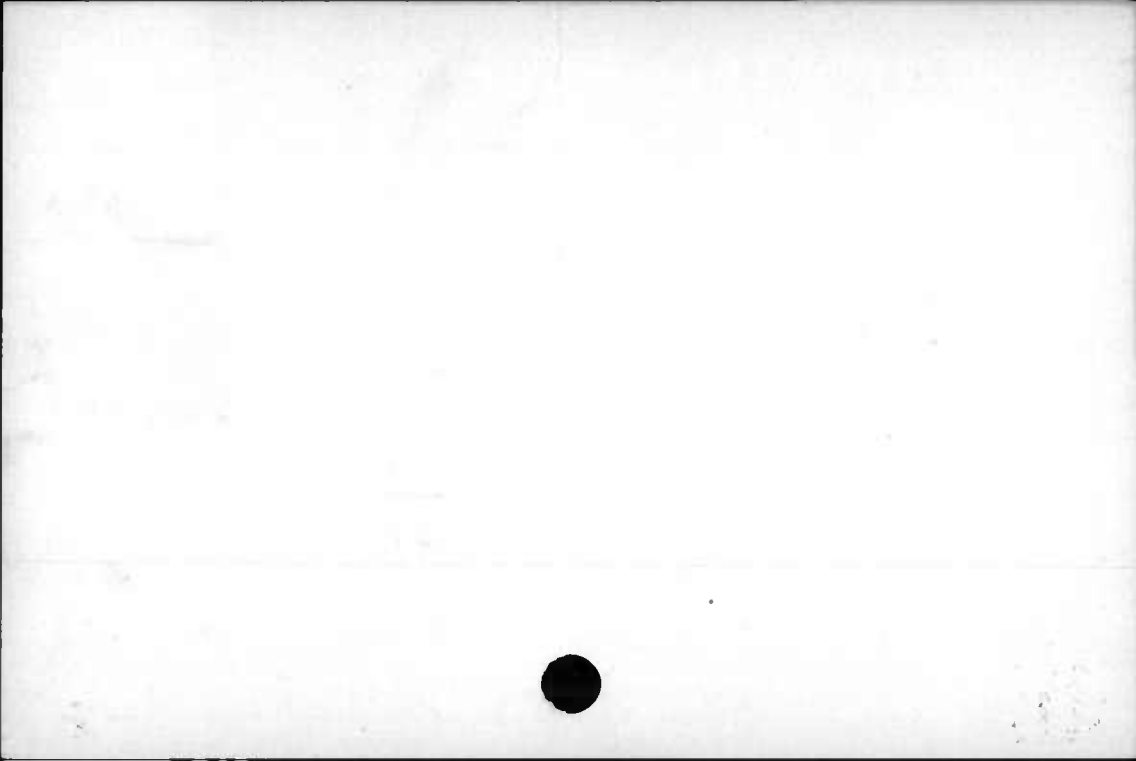
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamsburg</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <sup>Month</sup>	<i>5th</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>one</i> <sup>Months</sup>	<i>three</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Williamsburg</i>		
Occupation <i>Crooner</i>			Where Residing if not at place of death <i>Same place</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Neither</i>			
Father's Name <i>Engineer to Prince</i>			Father's Birthplace <i>Williamsburg</i>		
Mother's Maiden Name <i>Lula M Prince</i>			Mother's Birthplace <i>Federalburg</i>		
Name of person giving information <i>Lula M Prince</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

Primary <i>Unknown</i>	How long <i>7/11</i>
Immediate <i>Coronary</i>	How long <i>During the night</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J P Chalker D.P.</i>
	Address <i>Local Sub Reg - Williamsburg, Va</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN  
OR CORONER



Name

in  
Full

Annie Vane

## CERTIFICATE OF DEATH

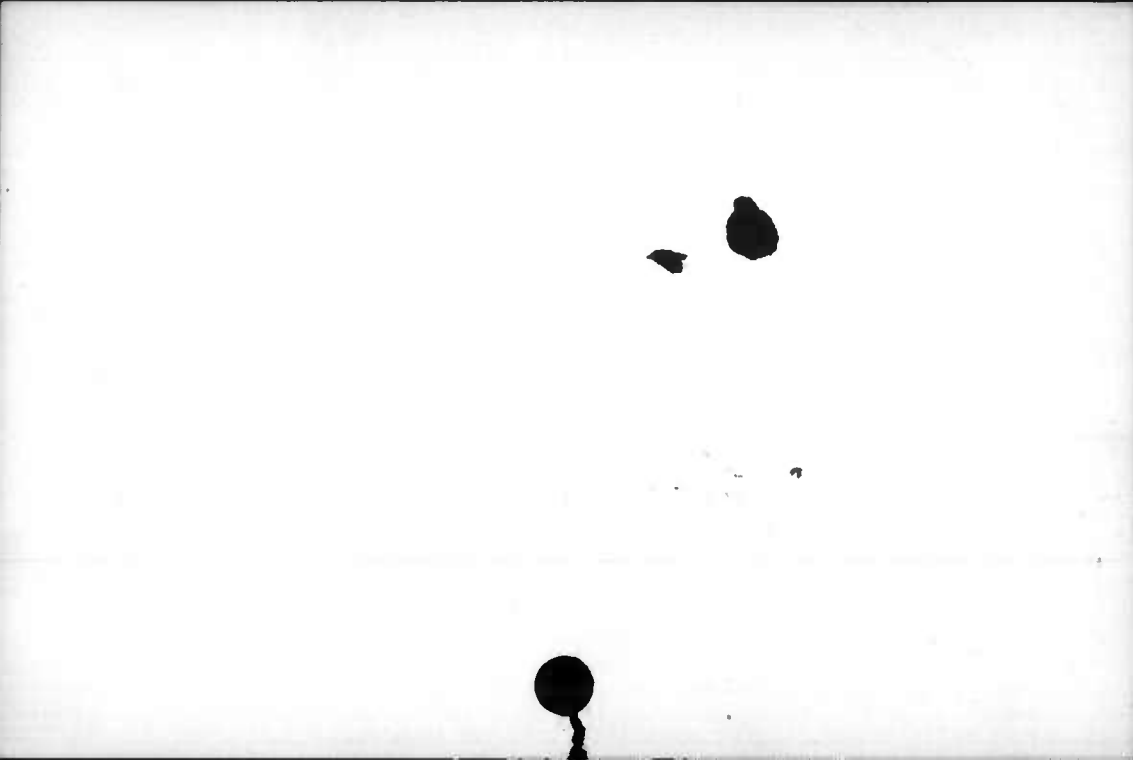
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb.</i>	Day <i>15</i>	Age <i>66</i>	Months <i>-</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Cambridge "</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph P. Vane</i>				
Father's Name <i>Robert Vincent</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Baker</i>	Mother's Birthplace <i>Id</i>				
Name of person giving information <i>H. L. Vane</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

Primary <i>Paralysis</i>	<i>66</i>	How long <i>Some years</i>
Immediate <i>Repeated strokes</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Gay Stule</i>	<i>Health officer</i>
	Address <i>Cambridge Md.</i>	
Accident or Suicide?		

PHYSICIAN  
OR CORONER





Name  
in  
Full

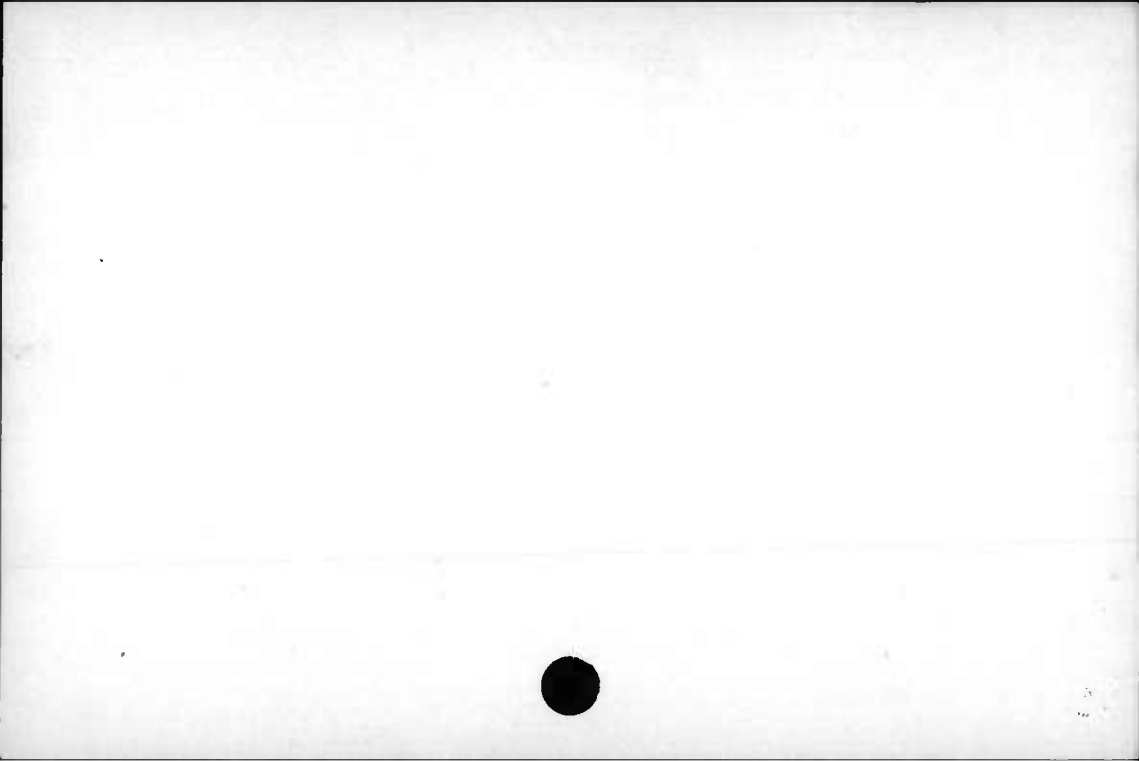
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wrights</i> Town		County <i>harchester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>28</i>	Age <i>71</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Wright's Ind</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. W. Wright</i>				
Father's Name <i>James Wright</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Howard Marshall</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

Primary	<i>Heart disease - organic</i>	How long <i>—</i> years
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>S. A. Stokes</i>
		Address <i>Connersville</i>
Accident or Suicide?		



Name  
in  
Full

Thomas H. Wherrett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

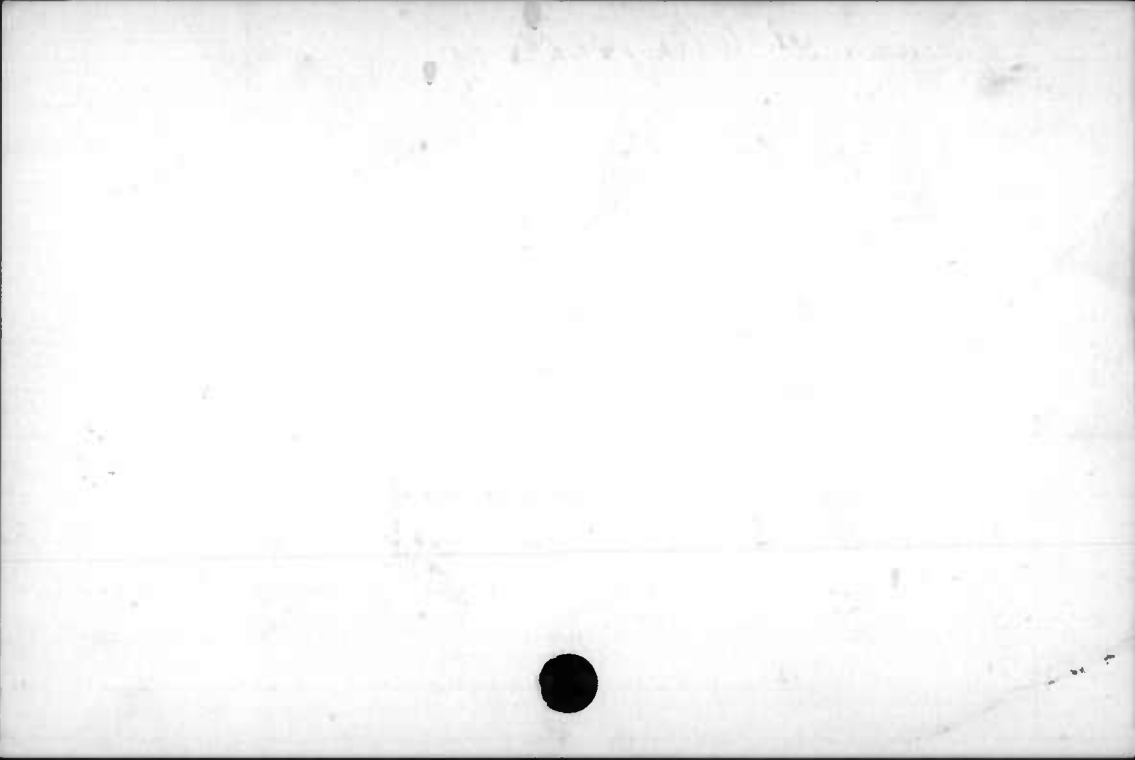
Died at <u>Cummary</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1907	Month	Feb	Day	28th
Age	68	Years		Months	
Sex	Male	Color or Race	White	Birth-place	
Occupation	Tailor	Where Residing if not at place of death <u>at Home</u>			
Married, Single or Widowed	Married	Name of Wife or Husband <u>Mary L. Wherrett</u>			
Father's Name	<u>Wm Wherrett</u>	Father's Birthplace <u>Don't Know</u>			
Mother's Maiden Name	<u>Rebecca Lucas</u>	Mother's Birthplace <u>Don't Know</u>			
Name of person giving information	<u>Mary L. Wherrett</u>	How related to deceased <u>Wife</u>			

## CAUSES OF DEATH

Primary	<u>Arterio-Sclerosis</u>	How long	<u>Don't Know</u>
Immediate	<u>Heart-Failure</u>	How long	<u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. E. Wolff</u>
		Address	<u>Cambridge, Md.</u>
Accident or Suicide?			

PHYSICIAN  
OR CORONER

1



Name  
in  
Full


Lincoln Whittington

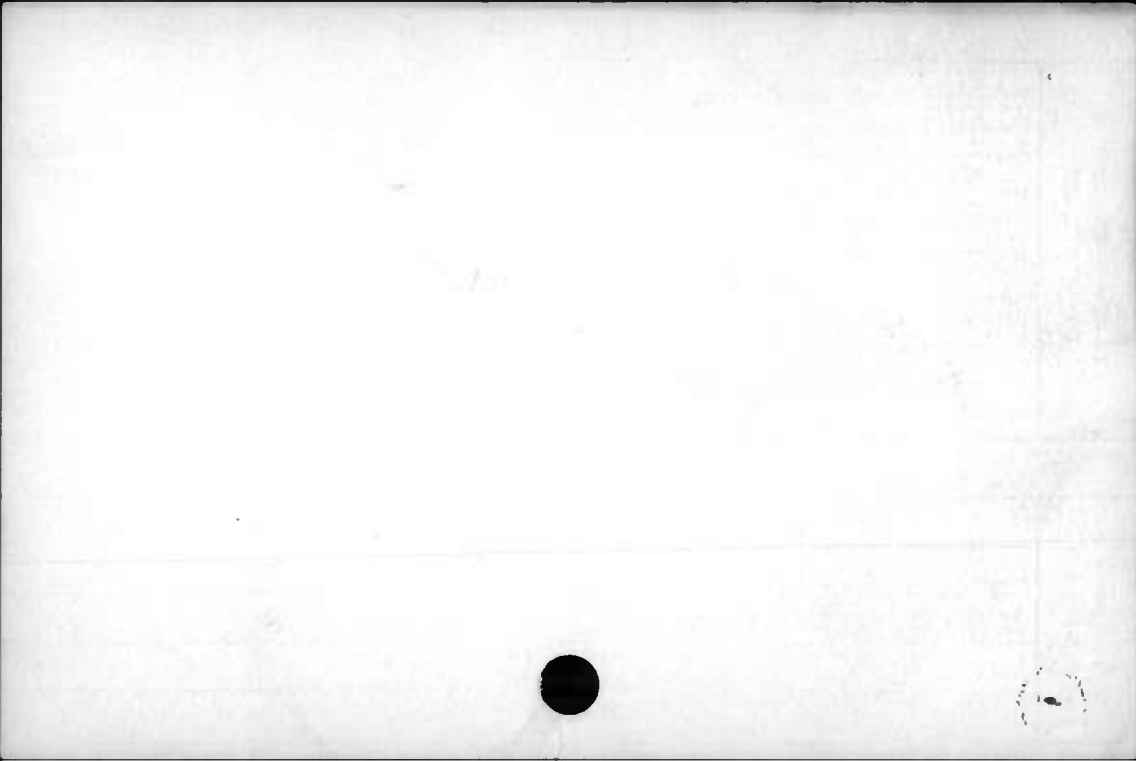
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>7th</u>	Day <u>15</u>	Age <u>40</u>	Months <u>don't know</u> Days <u>don't know</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>MD</u>		
Occupation <u>Oyster Shucker</u>			Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed <u>widowed</u>		Name of Wife or Husband <u>don't know</u>			
Father's Name <u>don't know</u>			Father's Birthplace <u>don't know</u>		
Mother's Maiden Name <u>don't know</u>			Mother's Birthplace <u>don't know</u>		
Name of person giving information <u>Hospital record</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER 	Primary <u>Typhoid fever</u>	How long <u>don't know</u>	
	Immediate <u>Septic Perforation</u>	How long <u>four hours</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>don't know</u>	Signature of Physician <u>John Grace</u>	
		Address <u>Cambridge Md</u>	
Accident or Suicide?			



Name  
in  
Full

Muriel R. Wilson

## CERTIFICATE OF DEATH

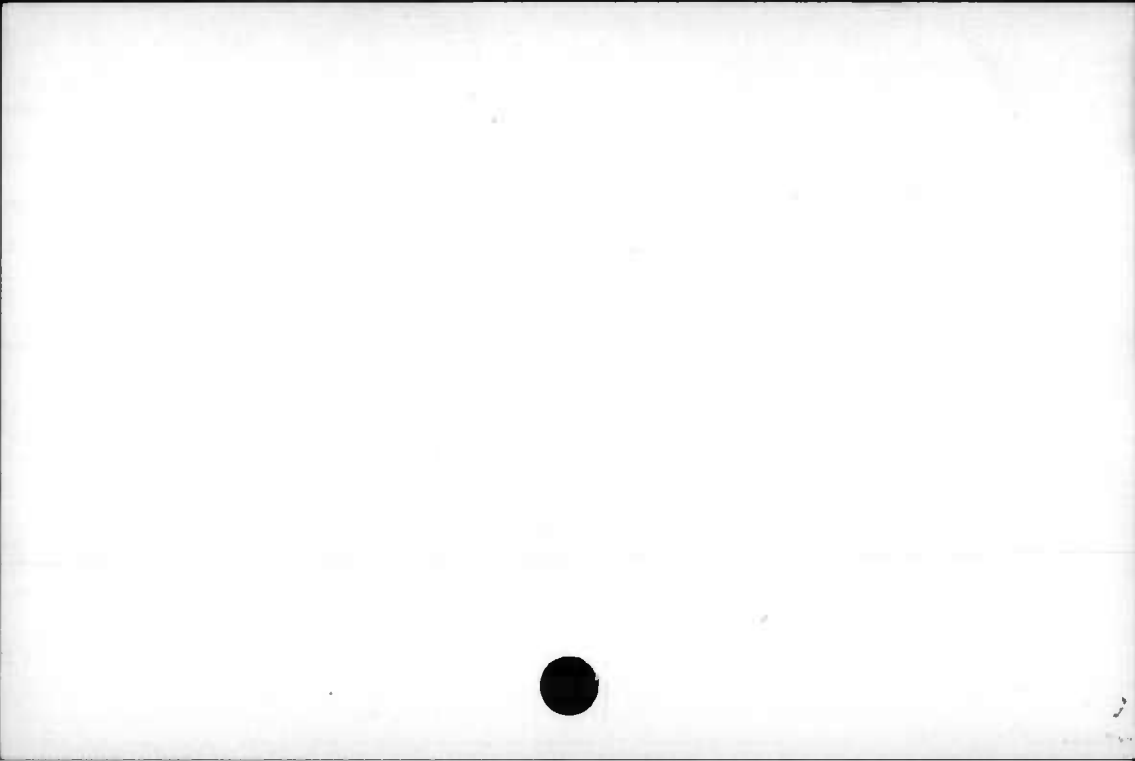
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Essex</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>7</u>	Age <u>-</u>	Years <u>-</u>	Months <u>1</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Cambridge Ind.</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Frank T. Wilson</u>		Father's Birthplace <u>Baltimore</u>			
Mother's Maiden Name <u>Annie R. Messick</u>		Mother's Birthplace <u>Sumner Co. Ind.</u>			
Name of person giving information <u>Helen Messick</u>		How related to deceased <u>Grand Mother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Immature birth or malnourished</u>	How long <u>all of life</u>
Immediate <u>Exhaustion - malnutrition</u>	How long <u>all of life</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Georgette</u>
	Address <u>Cambridge Ind.</u>
Accident or Suicide? <u>1</u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cornettsville</i>		County <i>Barren</i>		MARYLAND	
Date of death	1907	Month <i>Feb</i>	Day <i>6</i>	Age Years	Months <i>4</i>		Days <i>14</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place <i>Cornettsville</i>	
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>none</i>			
Father's Name	<i>Frank H Wingate</i>				Father's Birthplace	<i>bar. Co Md</i>	
Mother's Maiden Name	<i>Elyabeth Spadden</i>				Mother's Birthplace	<i>" "</i>	
Name of person giving in formation	<i>F H Wingate</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pertussis</i>	How long	<i>5 weeks.</i>
Immediate	<i>Bronchitis</i>	How long	<i>unknown</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S A Stokes</i>	
		Address <i>R7b#5 Cambridge Md</i>	
Accident or Suicide?			



Name  
in  
Full

Annie Young

## CERTIFICATE OF DEATH

Died at *Church Creek* <sup>Town</sup> *Dorchester* <sup>County</sup>

MARYLAND

Date of death *1907* <sup>Month</sup> *Feb.* <sup>Day</sup> *19th* Age <sup>Years</sup> *73* Months *—* Days *—*Sex *Female* Color or Race *Col.* Birth-place *Dor. Co. Md.*Occupation *Housewife* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Jessiah Young*Father's Name *Don't know* Father's Birthplace *—*Mother's Maiden Name *Don't know* Mother's Birthplace *—*Name of person giving information *James Maurer* How related to deceased *Niece*

## CAUSES OF DEATH

Primary *Pneumonia* How long *about 8 days*Immediate *Congestion of bronchiae* How long *about 2 hrs*

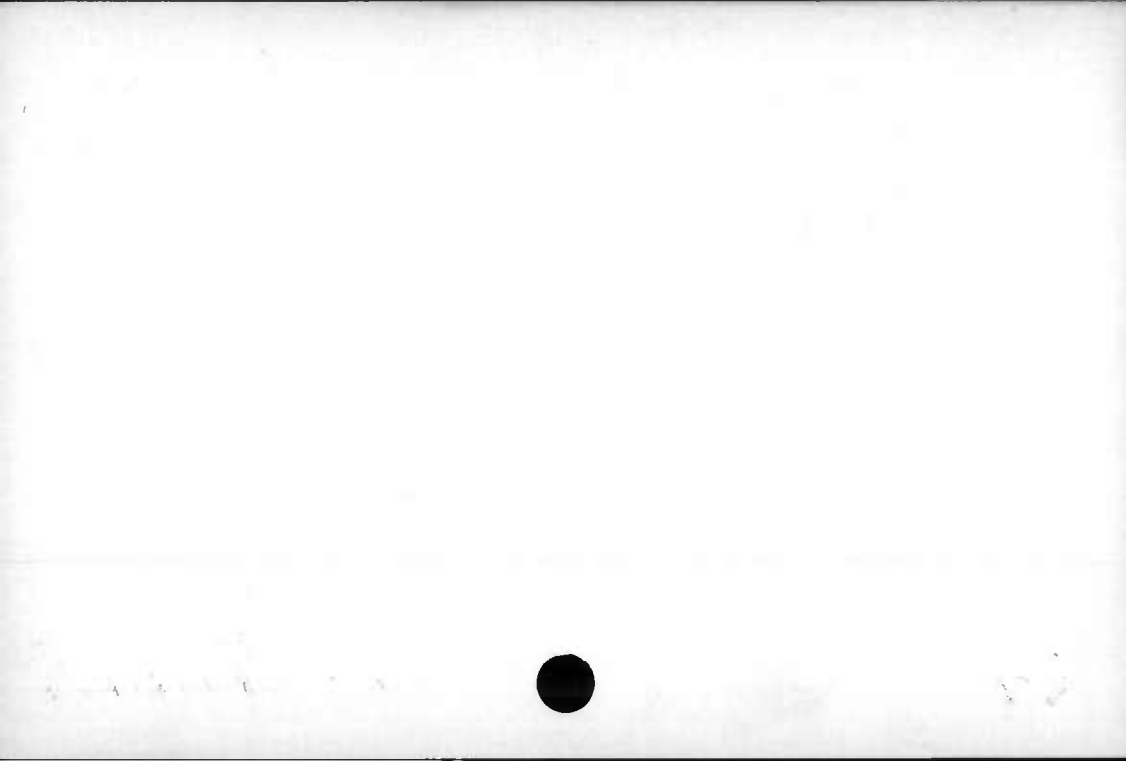
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Victor H. ... M.D.*Address *Cambridge, Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

## CERTIFICATE OF DEATH

Maryie Young

Town

County

Died at

Thurman

bar

MARYLAND

Date

1907 Feb

Month

Day

22

Age

Years

Months

11

Days

20

Sex

Female

Color or  
Race

Negro

Birth-  
place

Cambridge Md

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

Walter Young

Father's  
Birthplace

Md

Mother's  
Maiden Name

Eliza Cornish

Mother's  
Birthplace

Md

Name of person giving  
information

H. Young

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pertussis

How long

2 mos

Immediate

Bronchitis - convulsions

How long

3 to 4 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

S R Stokes

Address

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Nancy Young

Dor. County

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died $\rightarrow$ near Hicksbury		Town		County		MARYLAND	
Date of death 190		7	2	10	Age	5-5-	Months 6
Sex Female		Color or Race Black		Birth-place		unknown	
Occupation House wife		Where Residing or not at place of death		near Hicksbury			
Married, Single or Widowed married		Name of Wife or Husband		Nancy Young			
Father's Name unknown		Father's Birthplace		unknown			
Mother's Maiden Name unknown		Mother's Birthplace		unknown			
Name of person giving information		Charles H. Stanley		How related to deceased		neighbour	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	unknown	How long	1 year
Immediate	1	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		none	
Accident or Suicide?		Address	
natural cause		Wm E. Abdell JP	

